

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, April 27, 2018 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock and Directors Mary Driscoll, RN, MPH; Emilie N. Junge; David Ernesto Munar; Robert G. Reiter, Jr.; Mary B. Richardson-Lowry; and Sidney A. Thomas, MSW (7)

Absent: Vice Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim and Layla P. Suleiman Gonzalez, PhD, JD (3)

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer  
Debbie Brooks – Cook County Department of Public Health  
Debra Carey – Deputy Chief Executive Officer, Operations  
Douglas Elwell – Deputy Chief Executive Officer, Finance and Strategy  
Charles Jones – Chief Procurement Officer

James Kiamos – Executive Director of Managed Care  
Gladys Lopez – Chief Human Resources Officer  
Terry Mason, MD – Cook County Department of Public Health  
Jeff McCutchan – General Counsel  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer

## **II. Employee Recognition**

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #7 - Report from the Chief Executive Officer.

## **III. Public Speakers**

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

- |                     |  |
|---------------------|--|
| 1. Dr. Judy King    | Concerned Citizen (written testimony only – included as Attachment #1) |
| 2. George Blakemore | Concerned Citizen  |
| 3. Dr. Laurel Clark | Department of Psychiatry   |
| 4. Ronald Jackson   | Concerned Citizen  |

## **IV. Board and Committee Reports**

### **A. Minutes of the Board of Directors Meeting, March 29, 2018**

Director Munar, seconded by Director Thomas, moved the approval of the Minutes of the Board of Directors Meeting of March 29, 2018. THE MOTION CARRIED UNANIMOUSLY.

#### **IV. Board and Committee Reports (continued)**

##### **B. Human Resources Committee Meeting, April 18, 2018**

- i. Metrics (Attachment #2)
- ii. Meeting Minutes

Director Richardson-Lowry and Gladys Lopez, Chief Human Resources Officer, provided an overview of the metrics and meeting minutes. The Board reviewed and discussed the information.

The Board took action on this item following the adjournment of the closed meeting.

Director Richardson-Lowry, seconded by Director Reiter, moved the approval of the Minutes of the Meeting of the Human Resources Committee of April 18, 2018. THE MOTION CARRIED UNANIMOUSLY.

##### **C. Managed Care Committee Meeting, April 18, 2018**

- i. Metrics (Attachment #3)
- ii. Meeting Minutes

Director Junge and James Kiamos, Executive Director of Managed Care, reviewed the metrics. The Board reviewed and discussed the information.

Director Richardson-Lowry, seconded by Director Thomas, moved the approval of the Minutes of the Meeting of the Managed Care Committee of April 18, 2018. THE MOTION CARRIED UNANIMOUSLY.

##### **D. Finance Committee Meeting, April 20, 2018**

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which included the following action items and report:
  - Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)
  - Proposed Transfers of Funds

Director Reiter provided an overview of the Meeting Minutes. Ekerete Akpan, Chief Financial Officer, and Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy, reviewed the Metrics. Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests that were considered at the Finance Committee Meeting. It was noted that there is one (1) request (request number 5) that is pending review by Contract Compliance.

During the discussion of slide 17 of the metrics, Director Junge inquired regarding the number of detainee intakes at Cermak versus the previous year. Dr. Shannon responded that this information can be provided.

During the discussion of the information on slide 24 regarding the System-wide payor mix, Dr. Shannon noted that the System's rate of uninsured got to a modern nadir of 38% in 2016; that rate has been creeping up and is a concern. Data suggests that the uninsured rate went up nationally by 1.5% from the end of 2016 to the end of 2017. It is not known whether this is an exaggeration of the national trend, or is due to other reasons. Chairman Hammock requested that staff provide a deep dive on the subject in the months to come, to provide a better understanding of what is going on.

Director Reiter, seconded by Director Richardson-Lowry, moved the approval of the Minutes of the Meeting of the Finance Committee of April 20, 2018. THE MOTION CARRIED UNANIMOUSLY.

#### **IV. Board and Committee Reports (continued)**

##### **E. Quality and Patient Safety Committee Meeting, April 20, 2018**

- i. Metrics (Attachment #5)
- ii. Meeting Minutes, which included the following action items and report:

- Proposed reappointment of Stroger Hospital Division Chair
- Proposed Clinical Training Affiliation Agreements
- Medical Staff Appointments/Reappointments/Changes
- March 23, 2018 Committee Meeting Minutes, as amended

Chairman Hammock presented the Meeting Minutes for the Board's consideration. Dr. Shannon provided an overview of the reports that were presented at the meeting.

Director Richardson-Lowry referenced written testimony from Dr. King provided earlier in the meeting regarding the City of Chicago-Cook County Intergovernmental Agreement for psychiatry/telepsychiatry services. She asked Dr. Shannon to speak on the subject as it relates to quality.

Dr. Shannon stated that this matter was a consideration based on several factors. First, space availability was a consideration – the System is very space constrained. Staff looked carefully at the distribution of patients that are served and where they live; as it turns out, the patients who had been historically getting their care in the Fantus-based psychiatry specialty clinic are largely clustered on the West Side and South Side of Chicago. In the long run, the administration plans to have dedicated space centrally located to enhance services for some of the reasons to which the public speakers alluded. To enhance the services on the Central Campus, the administration will make sure that access to care is being improved through more integration within the primary care centers; ideally, as capacity is built up in the model community health centers, like the ones being developed in Arlington Heights and North Riverside, there would be space for those types of specialty services to be provided there.

Dr. Shannon indicated that the System is probably going to be like every other organization trying to meet those needs as effectively as it can using technology. If there is an ability to get more effective use of the finite resources - actual psychiatrists – then the administration will try to see how can they can take that precious resource and use it most efficiently across the County, by telepsychiatry, where it is applicable. He noted that great advances have been seen in its use in correctional health.

Director Richardson-Lowry requested that the Board receive reports on the progress being made, both with regard to the need to introduce the technological component, but also, given the human needs on that front, informative to know how the System is progressing, where the problems are, and how the System is engaging in the community. Related to human resources, if the System is moving those services into the community, she is sensing that there will at least be a staffing need, if not a cross-training need, and she is interested in how that will be handled. Her fear is that if these things are not handled holistically, the System is going to inherit this problem in the jails, emergency rooms, substance abuse clinics, etc.

Director Munar, seconded by Director Thomas, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of April 20, 2018. THE MOTION CARRIED UNANIMOUSLY.

**V. Recommendations, Discussion/Information Item**

**A. Cook County Department of Public Health – 2<sup>nd</sup> Quarter Report (Attachment #6)**  
• **Adverse Pregnancy Outcome Reporting System Program**

Dr. Terry Mason, Chief Operating Officer of the Cook County Department of Public Health (CCDPH), and Debbie Brooks, Director of Nursing for CCDPH, provided an overview of the 2<sup>nd</sup> Quarter Report for CCDPH, which included information on the following subjects:

- CCDPH Nursing and Integrated Health Support Services (IHSS)
- IHSS Department Goals
- IHSS Department's Five (5) Programs
- High Risk Infant (HRIF) Adverse Pregnancy Outcomes Reporting System (APORS) Program
  - Purpose
  - Eligibility Requirements
  - Criteria
  - Process
  - Staff
  - Caseload/Referrals
  - Public Health Role
  - Future Directions
- Leading Causes of Infant Mortality
- Birth 2016: Infant Mortality According to Mother's District of Residence and Race/Ethnicity

Director Richardson-Lowry referenced earlier comments by Dr. Mason regarding data points that are available for APORS on outcomes; she requested that he provide those to the Board electronically.

Director Driscoll commented that the data presented, particularly around the black and white gap and infant mortality, continues to shock her; she stated that this data needs to inform the maternal and child health programs System-wide. The organization needs to look upstream at providing more than medical care for pregnant women; they should continue to try and provide more support to the families who deliver their babies and stay here in the System. She added that that medical intervention has done so many things, but still the gap has not closed.

**VI. Action Items**

**A. Contracts and Procurement Items**

There were no contracts and procurement items presented directly for the Board's consideration.

**B. Any items listed under Sections IV, V, VI and IX**

**VII. Report from Chairman of the Board**

Chairman Hammock stated that Director Bishop has resigned, as her health has limited her participation. The Nominating Committee will be activated to replace her as soon as practical.

**VIII. Report from Chief Executive Officer** (Attachment #7)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #7.

**A. Report on Behavioral Health** (Attachment #8)

Mr. Elwell provided an overview of the Report on Behavioral Health, which included information on the following subjects:

- CCHHS 2015 Behavioral Health Strategic Plan
- CCHHS Vision: A Comprehensive Behavioral Health Network
- CCHHS Behavioral Health Initiatives
- Primary Care-Behavioral Health Integration
- PC-BH Integration Implementation – Status and Successes
- Medication-Assisted Treatment Services (MAT) Expansion
- CCHHS Buprenorphine Prescriber Capacity
- Initial Outcome Data: Reduction in Emergency Department Utilization
- Expanding Specialty Behavioral Health Services
- Department of Psychiatry
- Network – Behavioral Health Consortium, Inc.
- Behavioral Health Access Line
- Mental Health Clinics – Partnership with City of Chicago
- CCHHS Behavioral Health Grant Projects – 2018
- CCHHS Grant Funding Overview
- Eight (8) CCHHS Pending Grants
- Community Triage Centers (CTC)
- Data - Westside CTC Screenings and Referrals, and Westside CTC Service Referrals
- Cook County Assisted Outpatient Treatment (AOT) Program
- Justice and Mental Health Collaborative Project
- MAT for Opioid Addiction Project
- CCHHS Opioid State Targeted Response Grant Projects
- CountyCare Behavioral Health Initiatives
- Next Steps

During the presentation, Director Junge noted that one (1) of the triage sites does not have Naloxone available; she urged the administration to facilitate distribution of Naloxone at all sites. Mr. Elwell agreed, and stated that staff are working to make that happen.

Director Driscoll inquired regarding the System's community partners; when patients are referred to community partners, how does the System get back or exchange clinical information to wrap care around the patient? Mr. Elwell responded that there are various ways; he will provide an answer to that question following the meeting.

Director Munar stated for the record that he is delighted that the System is recruiting a behavioral health leader. He is curious to understand what the unmet need is – the answer involves a combination of looking at the data around patient screening, what is the numerator and denominator, and what that data reflects. He is also interested in learning more regarding the patient experience using the regional networks. Director Richardson-Lowry stated that she hopes that the person selected as the new behavioral health leader is someone who is not just an administrator, but also has the appropriate medical background.

Chairman Hammock stated that the Board looks forward to tracking progress on this subject; he requested that the administration determine the best way to incorporate metrics on this subject, and present them regularly to the Board or to a Committee.

**IX. Closed Meeting Items**

**A. Claims and Litigation**

**B. Discussion of personnel matters**

**C. Minutes of the Human Resources Committee Meeting, April 18, 2018**

Director Reiter, seconded by Director Richardson-Lowry, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock and Directors Driscoll, Junge, Munar, Reiter, Richardson-Lowry and Thomas (7)

Nays: None (0)

Absent: Vice Chairman Butler and Directors Gugenheim and Suleiman Gonzalez (3)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

**X. Adjourn**

As the agenda was exhausted, Chairman Hammock declared that the meeting was  
ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Requests/Follow-up:

- Request: Request for information on the number of detainee intakes at Cermak in the previous year. Page 2
- Follow-up: Request for a deep dive on the subject of the payor mix and the System's rate of uninsured patients.  
Page 2
- Follow-up: Request for reports on progress being made with regard to the System's plan relating to psychiatry /  
telepsychiatry services. Page 3
- Request: Request for data points for APORS on outcomes. Page 4
- Request: Request for information on care coordination with community partners for behavioral health patients.  
Page 5
- Follow-up: Request for development of metrics on behavioral health to be presented to the Board or a Committee.  
Page 5

Cook County Health and Hospitals System  
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ATTACHMENT #1



Date: April 27, 2018

To: Cook County Health and Hospitals System Board of Directors

Re: City of Chicago-Cook County Intergovernmental Agreement (IGA) for Psychiatry/Telepsychiatry Services

Dr. Shannon and Mr. Elwell have accurately reported that currently there is only one FTE City employee psychiatrist serving the City's five mental health centers. It was suggested that therefore a CDPH-CCHHS intergovernmental agreement was needed to "fill the void" in City clinic psychiatry services.

It is inaccurate and unfair, however, to create the impression that only one psychiatrist has been serving City residents at the five City-run mental health centers. In fact, in addition to the one City employee, there are currently four (4) non-City employee psychiatrists who have been serving at the City clinics for the past one to two years. Two of the psychiatrists have been serving for longer than two years. Please see the monthly CDPH clinic psychiatry schedules, covering the past year, displayed on the attachment.

CDPH administrators told the Community Mental Health Board of Chicago that the IGA will provide the City the equivalent of 2 FTE psychiatrists or about 80 hours of coverage per week or one day more of coverage than the City clinics are currently providing with in-person care. As such, the IGA does not appear to offer much additional psychiatry coverage. Rather than "filling the void" it simply replaces in-person care with care via television screens and it does so at a much higher cost to taxpayers.

The City pays its psychiatrist \$109 per hour and pays the temp agency \$175 per psychiatrist hour. Through the IGA the City will pay CCHHS \$250 per hour.

We wonder why CCHHS has contracted with the telepsychiatry vendor but has not used the vendor (or telepsychiatry) in any of its own voluntary community-based health centers.

CCHHS has suggested that the use of telepsychiatry would be temporary until it could "staff up" with CCHHS employed psychiatrists. But when this happens City residents will be asked to change psychiatrists once again. The IGA isn't guaranteed or designed, then, to provide for more stable or continuous doctor-patient relationships.

Persons currently served and who attend our Community Mental Health Board meetings tell us they want in-person care.

The City should continue to recruit and hire its own psychiatrists and increase the salary offered. The City should maintain its current in-person psychiatry services and perhaps consider supplementing, not supplanting current in-person care with telepsychiatry. Other in-person staffing alternatives should be considered first such as employing advanced practice psychiatric nurses and physician assistants.

The County and the City need to develop a vision for clinical psychiatry care.

Thank you for your attention.

Judy King

Community Mental Health Board of Chicago

### MH Psychiatry Schedule 01/09/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD			Hassan		
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan			
NORTH RIVER	Santos	Santos	Santos		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	Jones

### MH Psychiatry Schedule 3/20/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Santos		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	Jones

### MH Psychiatry Schedule 07/17/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER			Chou	Jones	Jones
LAWNDALE	Jones	Jones	Jones	Chou	

### MH Psychiatry Schedule 09/18/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER			Chou	Jones	Jones
LAWNDALE	Jones	Jones	Jones	Chou	

### MH Psychiatry Schedule 11/20/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan (on leave)	Stephan (on leave)		Stephan (on leave)
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER			Chou	Jones	Jones
LAWNDALE	Jones	Jones	Jones	Chou	

### MH Psychiatry Schedule 1/22/18

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan			Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Chou		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	

### MH Psychiatry Schedule 3/19/18

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan			Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Chou		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	

### MH Psychiatry Schedule 02/27/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Santos		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	Jones

### MH Psychiatry Schedule 04/17/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Santos		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	Jones

### MH Psychiatry Schedule 08/21/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan	Stephan		Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER			Chou	Jones	Jones
LAWNDALE	Jones	Jones	Jones	Chou	

### MH Psychiatry Schedule 10/16/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan (on leave)	Stephan (on leave)		Stephan (on leave)
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER			Chou	Jones	Jones
LAWNDALE	Jones	Jones	Jones	Chou	

### CDPHMH Psychiatry Schedule

12/18/17

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan 1/2 day	Jones	Jones	Stephan 1/2 day
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Chou		
LAWNDALE	Jones	Jones		Chou	Jones

### MH Psychiatry Schedule 2/26/18

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan			Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos			
LAWNDALE	Jones	Jones	Jones	Chou/Jones	

### MH Psychiatry Schedule 4/16/18

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ENGLEWOOD		Stephan			Stephan
GREATER GRAND		Chou			Chou
GREATER LAWN		Hassan	Hassan		
NORTH RIVER	Santos	Santos	Chou		
LAWNDALE	Jones	Jones	Jones	Chou/Jones	

Cook County Health and Hospitals System  
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April 27, 2018

ATTACHMENT #2

# **COOK COUNTY HEALTH & HOSPITALS SYSTEM**

## **Human Resources Metrics for CCHHS Board Of Directors April 27, 2018**

**Gladys Lopez, Chief Human Resources Officer**



# QUARTERLY METRICS

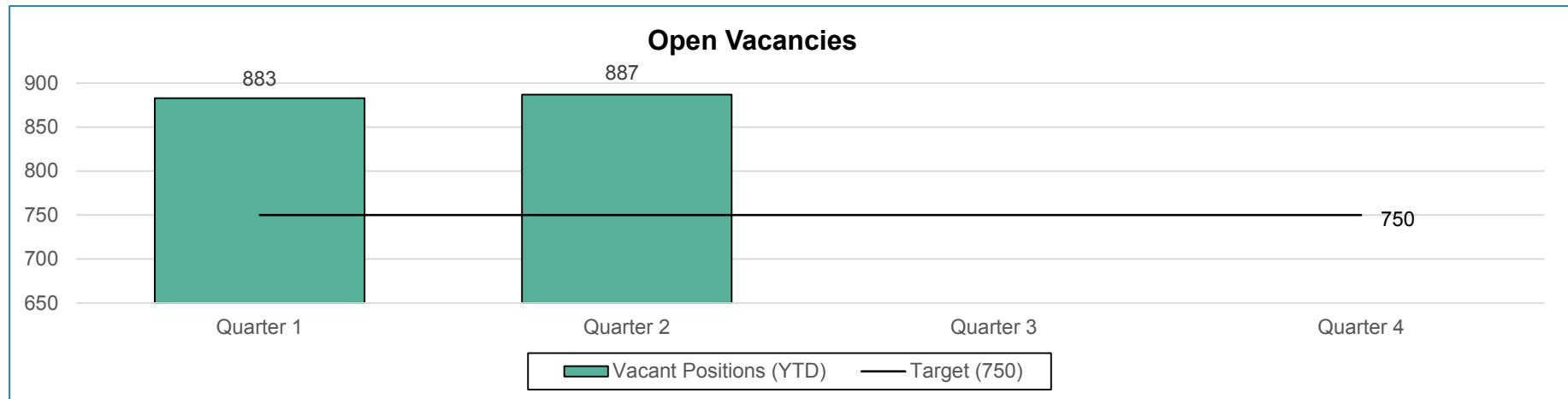


# CCHHS HR Activity Report - Open Vacancies

Goal: Continue to maintain open vacancies at 750 or ≤

Our goal is to maintain our total vacancies equal to or below 750.

Description	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
<b>Vacancy Number:</b>	836	898	897	883									<b>887</b>
<b>Add Separations:</b>	90	29	28	39									<b>186</b>
<b>Less External Vacancies Filled:</b>	28	30	42	35									<b>135</b>
<b>FY17 TOTAL:</b>	<b>898</b>	<b>897</b>	<b>883</b>	<b>887</b>									<b>-51 Net New</b>



FY17: Thru 03/31/2017 Separations (190) & External Hires (201) = 11 Net New

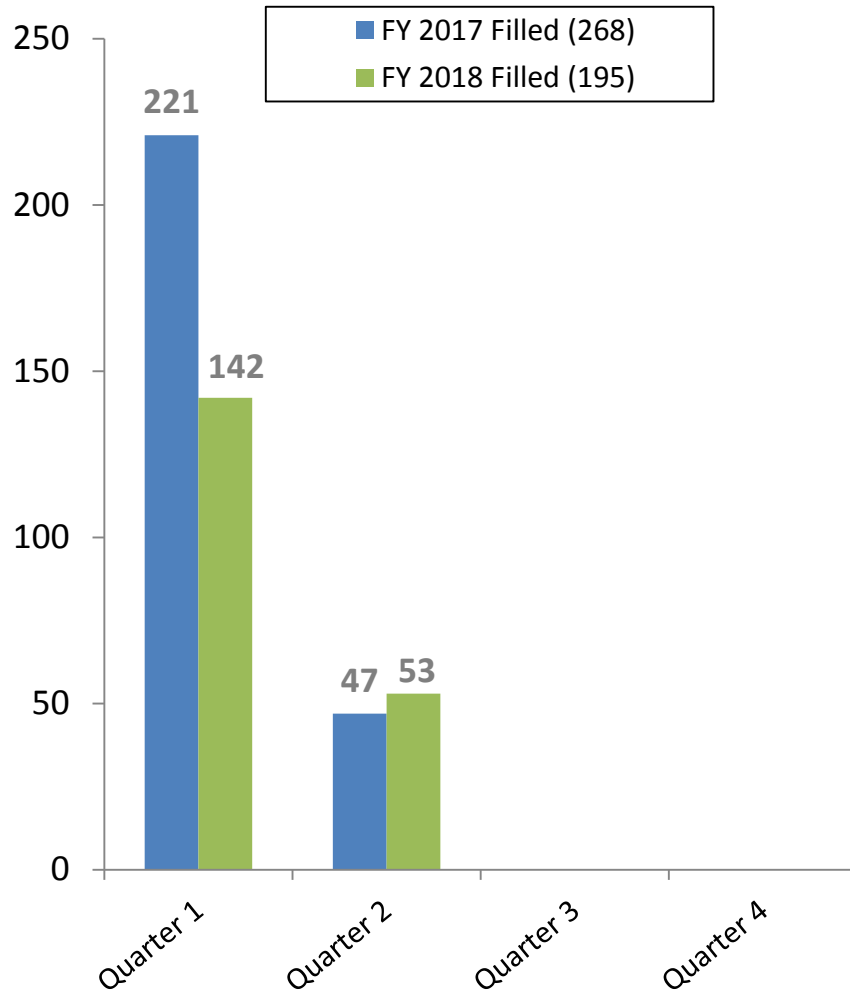
FY18: Thru 03/31/2018 Separations (186) & External Hires (135) = -51 Net New



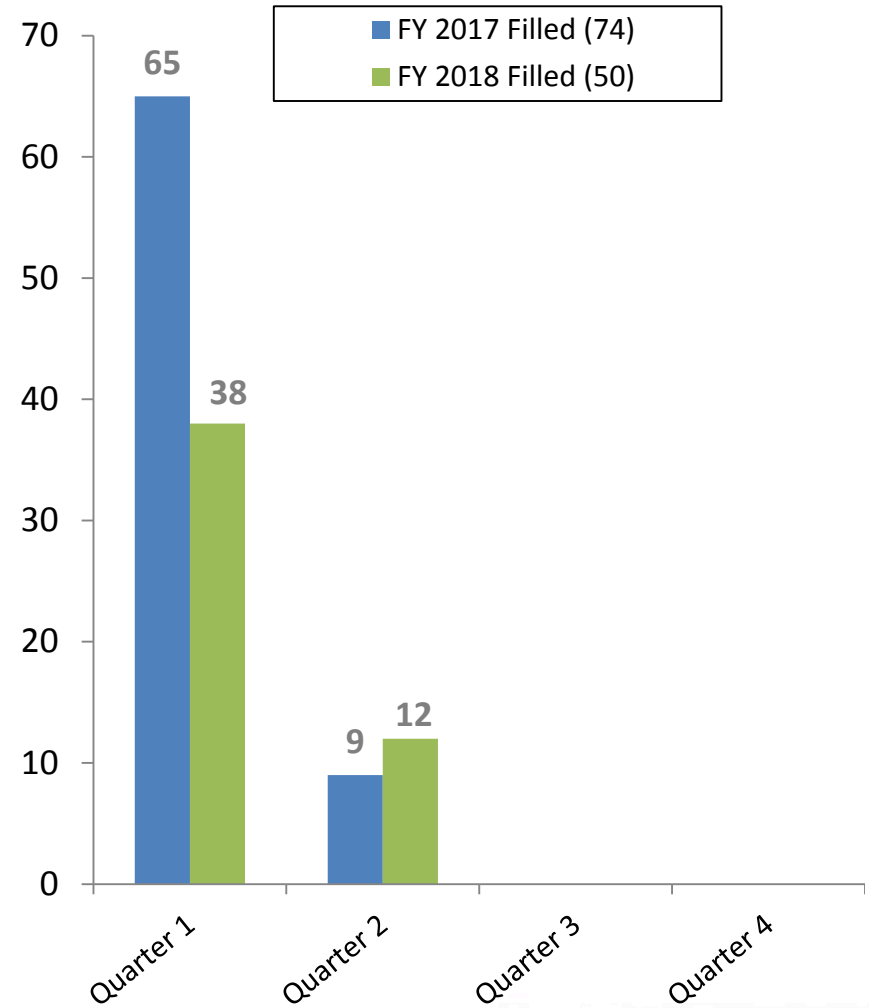
# CCHHS HR Activity Report – Vacancies Filled

Thru 03/31/18

## CCHHS FILLED



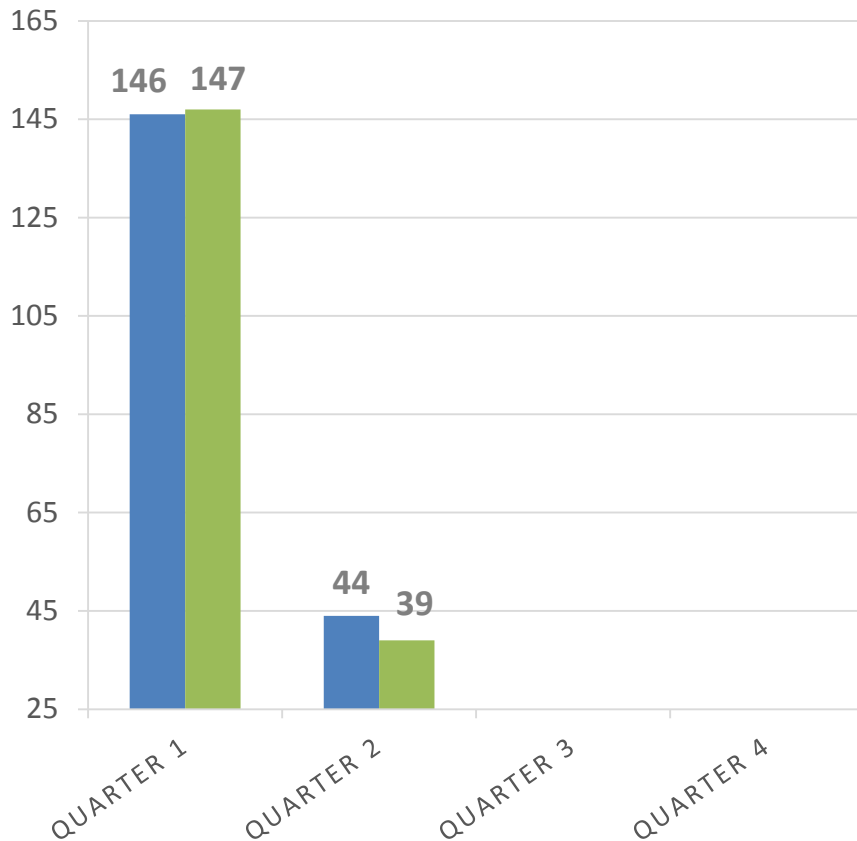
## NURSING FILLED



# CCHHS HR Activity Report – Separations

## CCHHS SEPARATIONS Thru 03/31/18

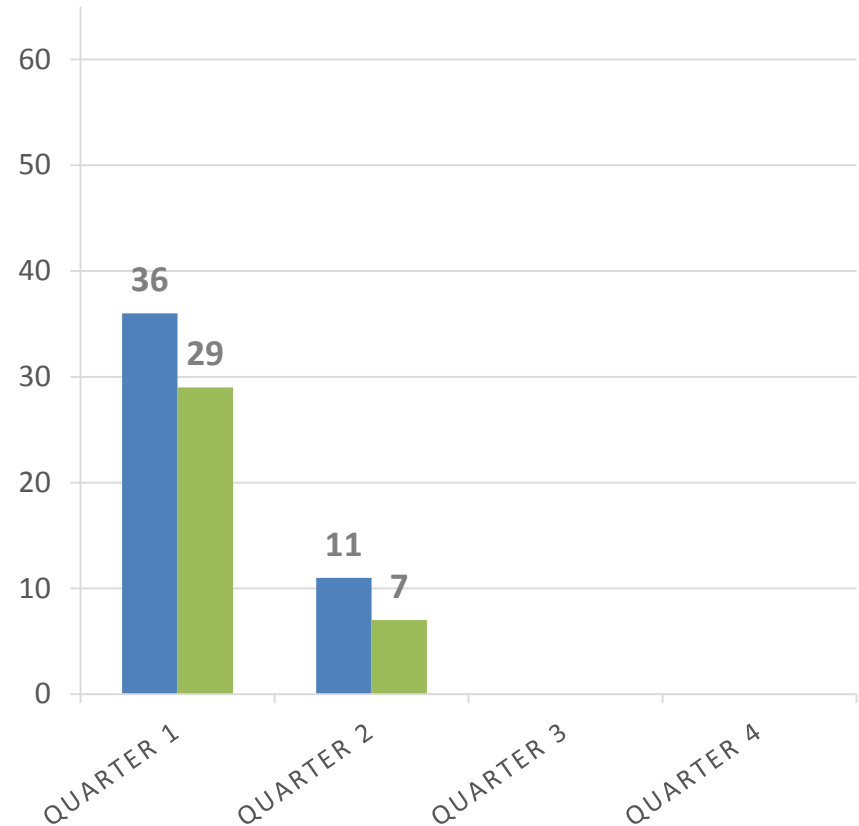
■ 2017 Separations (190)  
■ 2018 Separations (186)



FY17: Thru 03/31/17 Separations (190) & External Hires (201) = **11** Net New  
FY18: Thru 03/31/18 Separations (186) & External Hires (135) = **-51** Net New

## NURSING SEPARATIONS

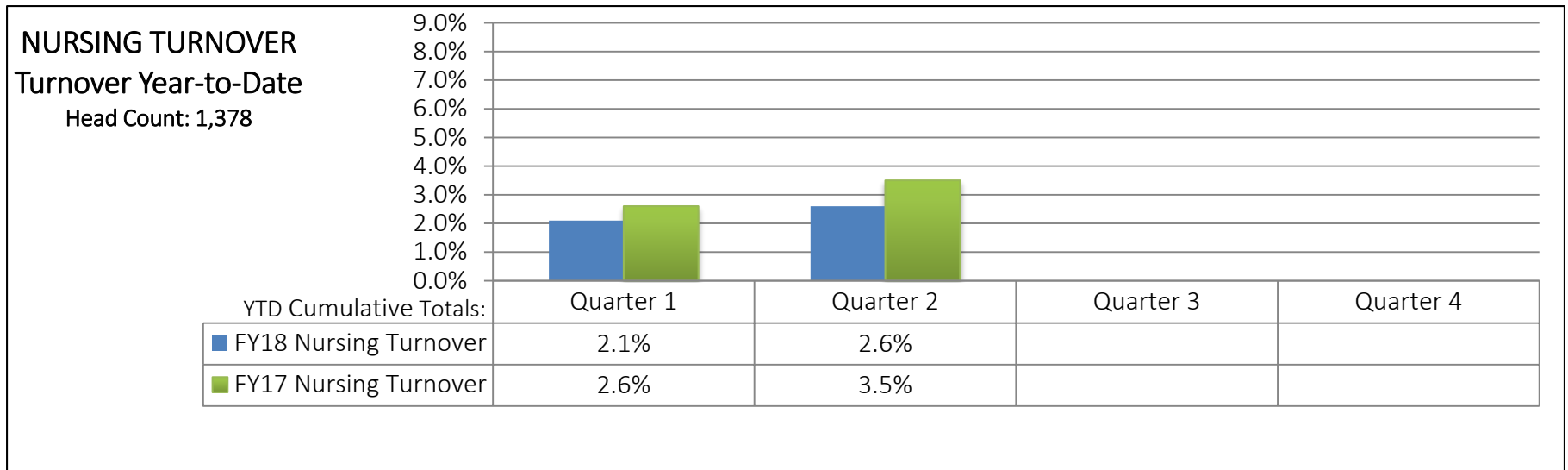
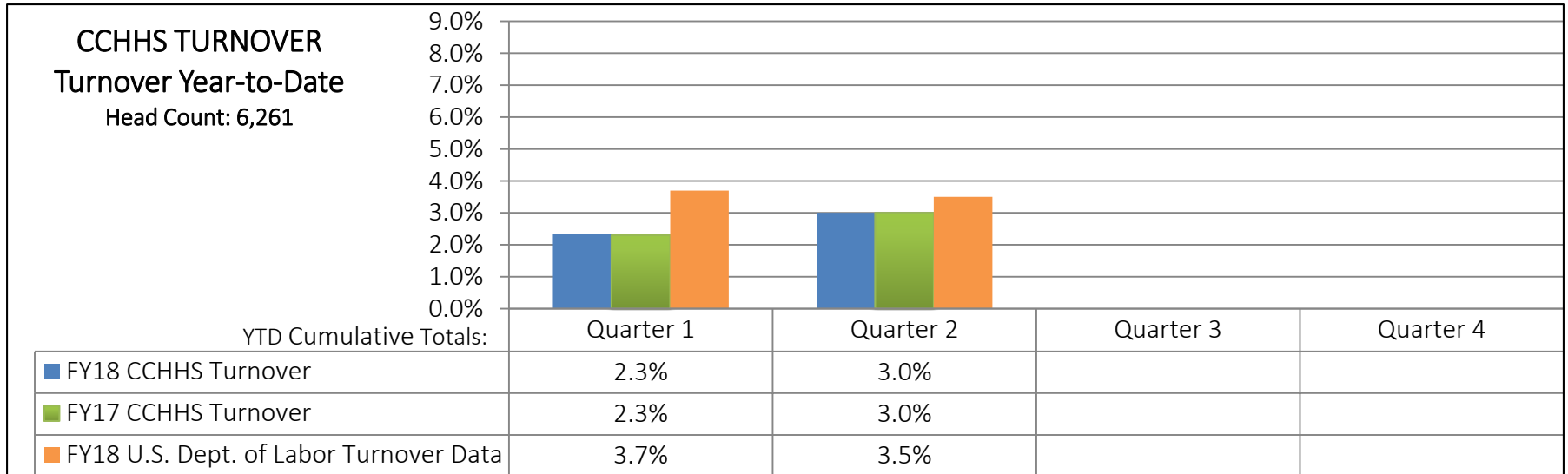
■ 2017 Separations (47)  
■ 2018 Separations (36)



FY17: Thru 03/31/17 Separations (47) & External Hires (45) = **-2** Net New  
FY18: Thru 03/31/18 Separations (36) & External Hires (30) = **-6** Net New

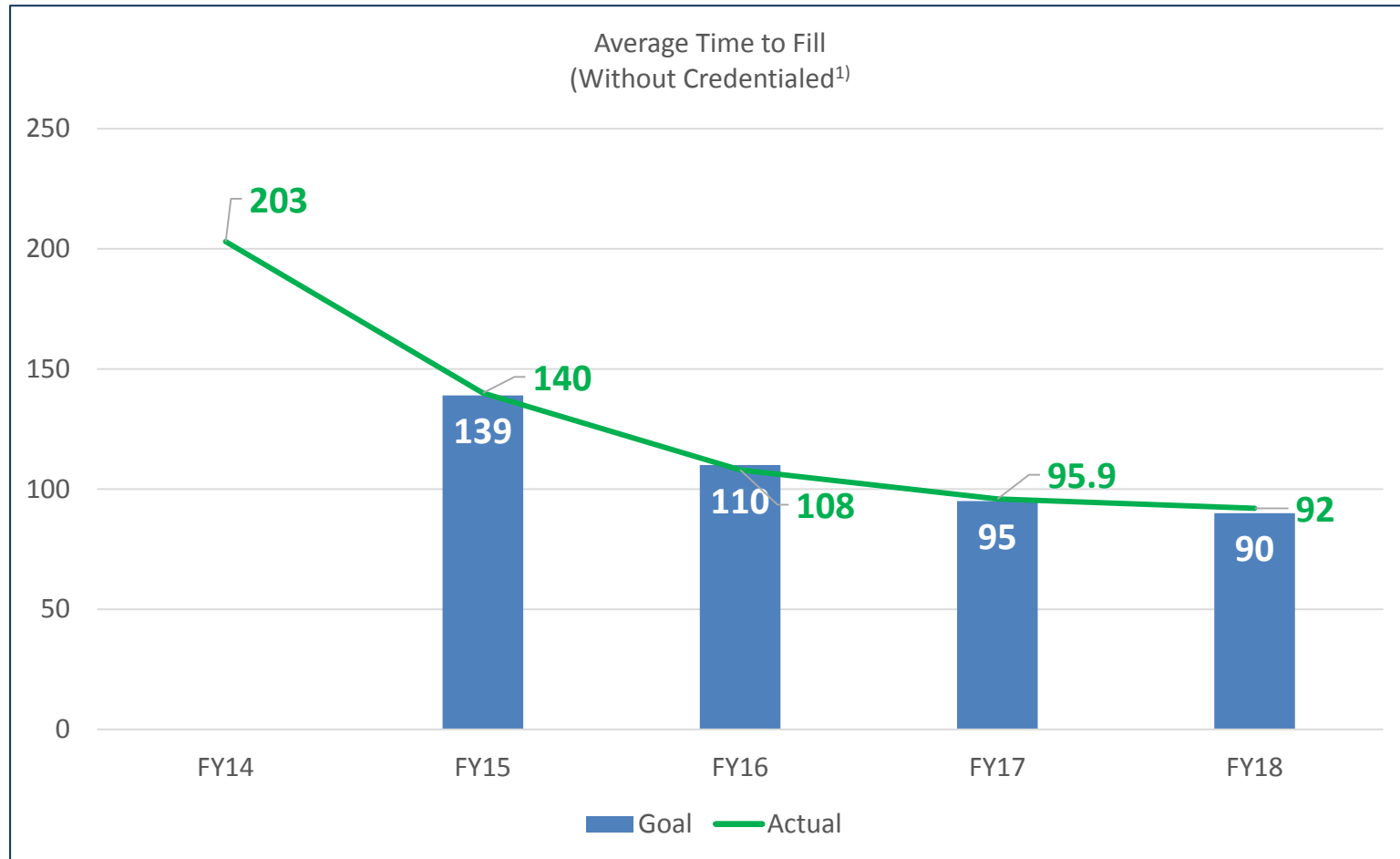


# CCHHS HR Activity Report – Turnover



# Impact 2020 – CCHHS 2018 HR Strategies\*

## Improve/Reduce Average Time to Hire\*



<sup>1</sup>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

\*Data thru 03/31/2018

The process to increase the funding above the first step of the Grade for a vacant position is increasing the average time to fill as the extending of offers is delayed.

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COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

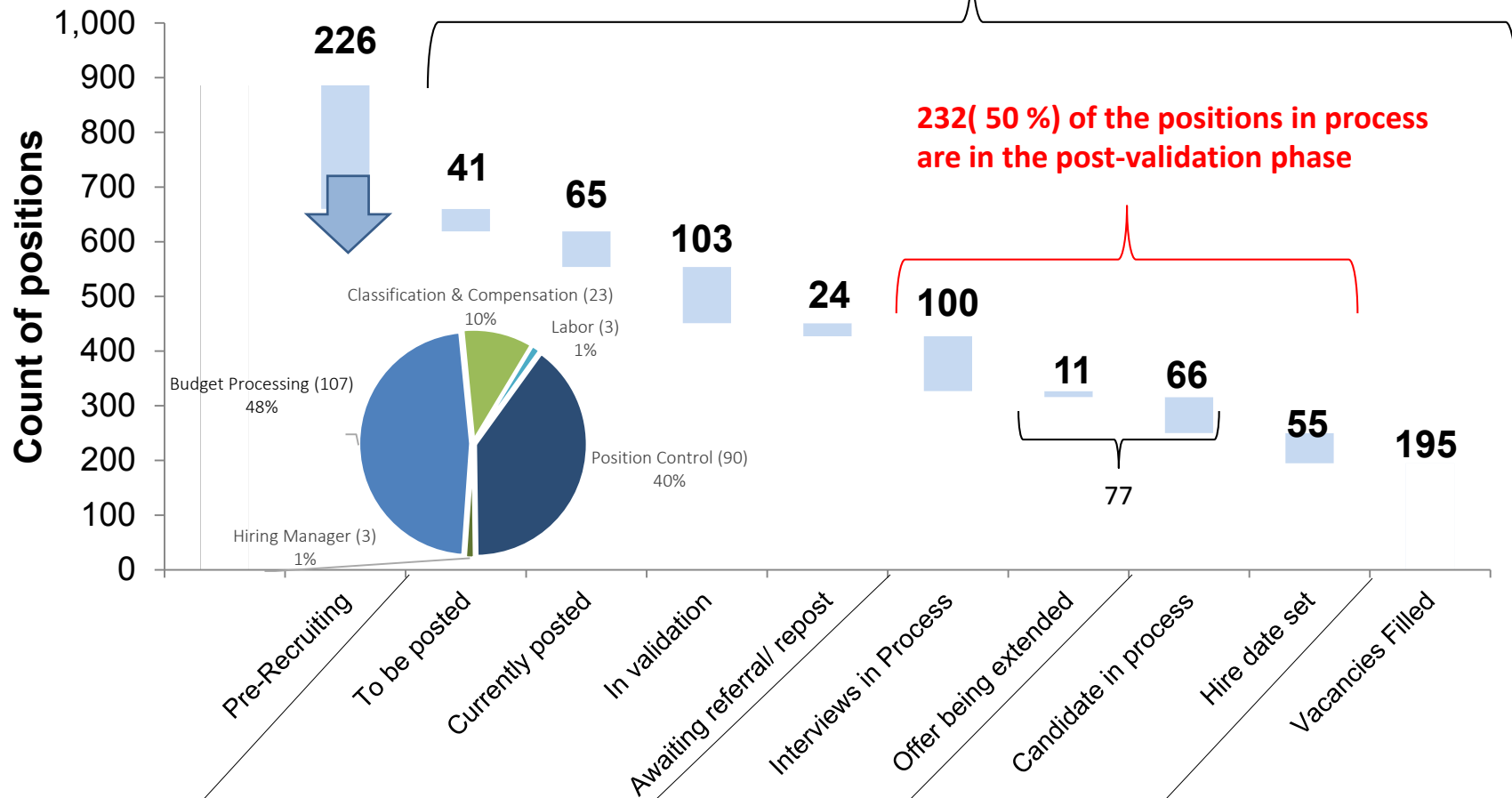
CCHHS Board of Directors | 04/27/2018

# CCHHS HR Activity Report – Hiring Snapshot

Thru 03/31/2018

Clinical Positions – 321  
Non-Clinical Positions - 144

465 Positions in process



8

Shared  
Responsibility

Human  
Resources

Management  
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Human  
Resources

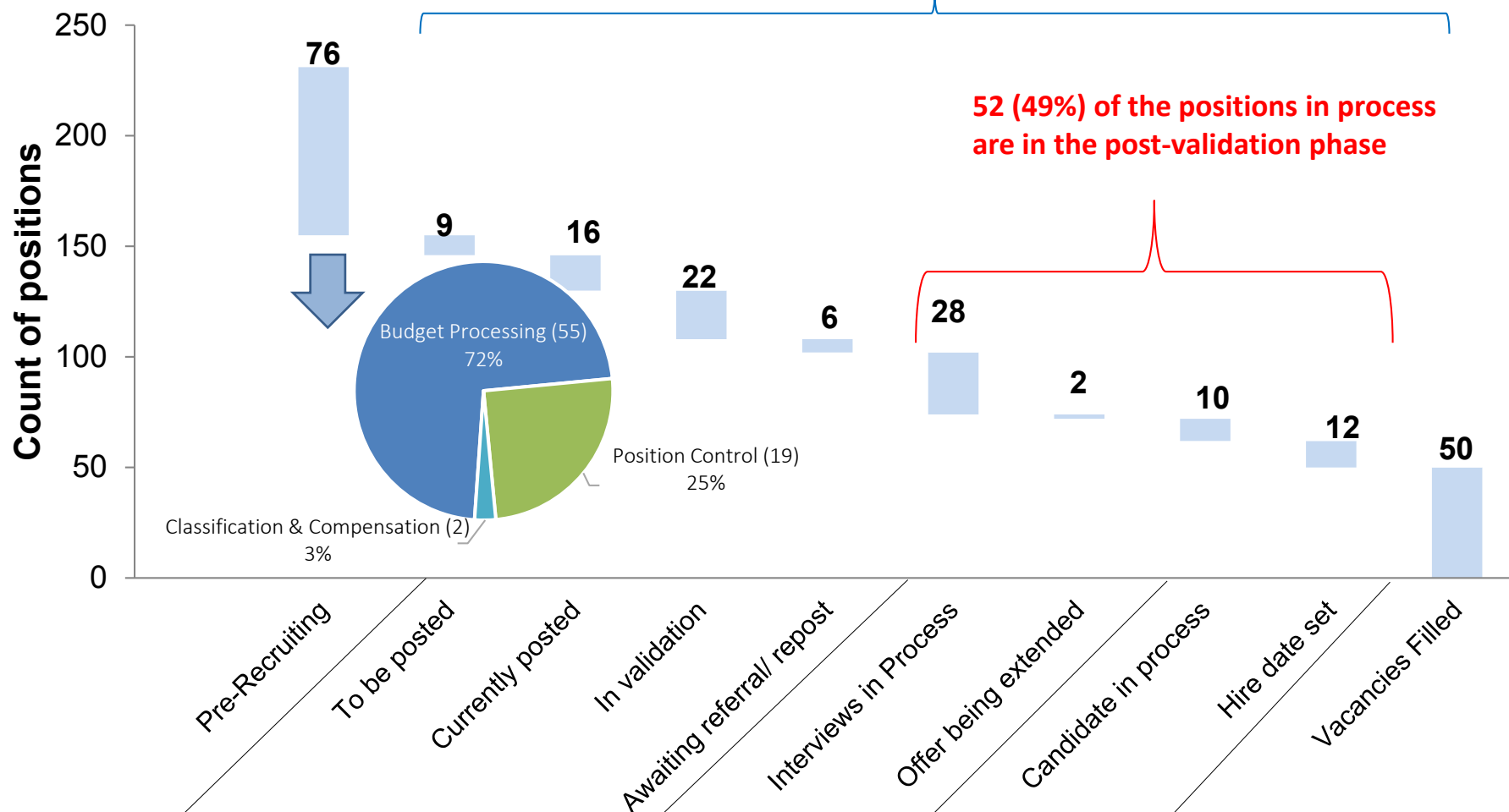
Management  
Human Resources

# HR Activity Report – Licensed Nurses Hiring Snapshot

65/61% of 105 Positions in process are in-patient

Thru 3/31/18

## 105 Nursing Positions In Process



Shared  
Responsibility

Human  
Resources

Management  
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Human  
Resources

Management  
Human Resources

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ATTACHMENT #3

# CountyCare Update

*Prepared for: CCHHS Board of Directors*

James Kiamos

Executive Director, Managed Care

April 27, 2018



# Membership

- Monthly Membership at 333,166 as of 4/1/2018
  - ACA = 76,399 (17,104 ACHN; 22%)
  - FHP = 222,223 (23,972 ACHN; 11%)
  - ICP = 30,010 (6,979 ACHN; 23%)
  - MLTSS = 4,484 (84 ACHN; 2%)
- Open Enrollment Closed
- Now in Auto-Assignment Period

# Operations Metrics: Call Center and Encounter Rate

Key Measures	Nov'17	Dec'17	Jan'18	% Change to Month Prior	Trend	Goal
<b>5.2) Member &amp; Provider Services Call Center</b>						
Abandonment Rate	11.02%	6.73%	8.84%	31.4%	▼	< 5%
Hold Time	2.32	2.31	2.33	0.9%	▼	< 0:01:00
% Calls Answered < 30 seconds	44.84%	62.57%	55.30%	-11.6%	▼	> 80%
<b>5.3) Claims/Encounters Acceptance Rate (Quarterly)</b>	91.30%	91.30%	95.17%	4.2%	▲	95%

- Wins
  - As of now all goals are met with over 90% of calls answered <30 seconds exceeding the target goal of 80%
  - Call center is adequately staffed to account for attrition and work other member-centric initiatives such as redeterminations
  - Encounter acceptance rate exceeds State goal of 95%
    - Auto assignment continues and no financial penalty
- Risks
  - None at this time



# Operations Metrics: Claims Payment

Key Measures	Nov'17	Dec'17	Jan'18	% Change to Month Prior	Trend	Goal
5) OPERATIONS						
5.1) Claims Payment Turnaround Time:						
% of Clean Claims Adjudicated < 30 days	92.7%	93.3%	96.8%	3.8%	▲	90%
% Paid < 30 days	36.5%	56.7%	67.9%	19.8%	▲	90%

- Wins
  - Adjudicated clean claims in January = 96.8%
- Risks
  - State budget constraints

# Focal Points

- Proactive redetermination at every member touchpoint to CountyCare
- Mapping out specialty capitation strategy to increase CCHHS volume
- Provider Performance Reporting in beta testing with CCHHS & Partner FQHC
- In the middle of HEDIS season; leveraging chart data along with available Electronic Medical Records
- Establishing satellite space relationships with CountyCare partners for CCHHS Specialist consults in northern, southern and western areas of our service region



Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
April 27, 2018

ATTACHMENT #4

# Cook County Health & Hospitals System

## Finance Committee Meeting April 2018

Ekerete Akpan  
CFO



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

# CCHHS Systems-wide Financial Statements



## Table of Contents

1. System-wide Financials & Stats
  1. Financials
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3. CountyCare Financials & Stats
4. Correctional Health services Financials & Stats
5. Department of Public Health Financials & Stats
6. Administration (Corporate Office)Financials

## Income Statement for the Three Months ending Feb-2018(in thousands)

	Year-To-Date		Variance	
	<b>Actual</b>	<b>Budget</b>	<b>\$</b>	<b>%</b>
<b>Operating Revenue</b>	609,004	492,623	\$ 116,382	23.6%
<b><u>Operating Expenses</u></b>				
Salaries & Benefits	157,622	166,372	\$ 8,750	5.3%
Overtime	12,760	9,055	\$ (3,705)	-40.9%
Pension*	80,398	80,398	\$ -	0.0%
Supplies	14,217	13,204	\$ (1,013)	-7.7%
Pharmaceutical Supplies	18,941	20,687	\$ 1,746	8.4%
Purch. Svs., Rental, Oth.	65,893	62,371	\$ (3,522)	-5.6%
External Claims Expense	362,833	232,113	\$ (130,720)	-56.3%
Insurance Expense	5,591	6,582	\$ 991	15.1%
Depreciation	6,682	6,773	\$ 90	1.3%
Utilities	2,914	2,914	\$ (0)	0.0%
<b>Total Operating Exp</b>	<b>727,852</b>	<b>600,469</b>	<b>\$ (127,383)</b>	<b>-21.2%</b>
<b>Operating Margin</b>	<b>(118,848)</b>	<b>(107,847)</b>	<b>(11,001)</b>	<b>-10%</b>
<b>Operating Margin %</b>	<b>-20%</b>	<b>-22%</b>	<b>2%</b>	<b>11%</b>
<b>Non Operating Revenue</b>	<b>53,862</b>	<b>53,862</b>	<b>-</b>	<b>0%</b>
<b>Net Income/(Loss)</b>	<b>(64,985)</b>	<b>(53,985)</b>	<b>(11,001)</b>	<b>-20%</b>

\*Year to Date (3 months) Pension Liability per GASB

Unaudited Financial Statement

Finance Committee : April 2018

## Ratio Analysis

	Year-To-Date		
	Actual	Budget	Difference
Operating Margin %	-20%	-22%	2%
Labor Ratio %*	97%	92%	-4%
Supply Chain Ratio %	19%	18%	-1%
			% Diff
			11%
			-5%
			-6%

### Comments:

Operating Margin - better than budget but drivers to watch vs. same time FY17

- Primary Care visits down 4% while Specialty Care visits up 4%
- Surgical Cases up 6%
- Inpatient Discharges down 15% and LOS 16% higher
- Emergency Department visits up 0.5%
- Deliveries down 11%
- Charity Care and System-wide uninsured numbers (42%)
- Revenue Cycle and denials management improvements is an imperative
- Internal capture of Countycare volumes is critical

Labor Ratio – Shows cost of personnel & benefits vs Operating Revenue (excluding CountyCare Revenue)

Supply Chain Ratio - within industry average of about 18% average

- Ratios excludes Countycare Revenues from the Revenue denominator
- Labor ratio excludes Pension Expense and Contract Labor from labor cost

Unaudited Financial Statement

Finance Committee : April 2018



# **CCHHS Provider Services**

## **Financial Statements & Operational Stats**



## Income Statement for the Three Months ending Feb-2018(in thousands)

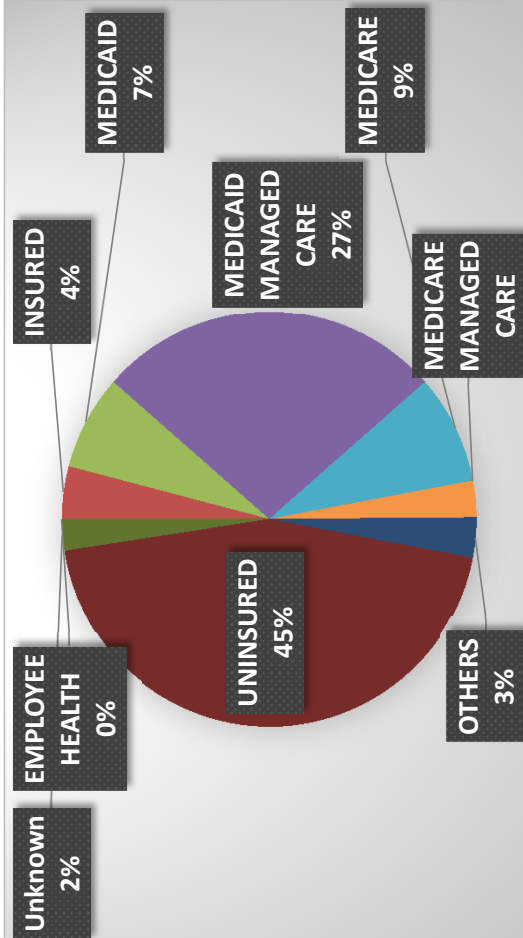
<b><u>CCHHS Providers</u></b>	<b>Year-To-Date</b>		<b>Variance</b>
	<b><i>Actual</i></b>	<b><i>Budget</i></b>	<b>%</b>
<b><u>Operating Revenue</u></b>	175,915	189,829	-7.3%
			(13,914)
<b><u>Operating Expenses</u></b>			
Salaries & Benefits	126,612	130,114	2.7%
Overtime	10,601	7,620	-39.1%
Pension*	64,686	64,686	0.0%
Supplies	10,002	5,770	-73.3%
Pharmaceutical Supplies	20,254	25,032	19.1%
Purch. Svs., Rental, Oth.	40,792	41,199	1.0%
Insurance Expense	5,591	6,582	15.1%
Depreciation	4,973	5,040	1.3%
Utilities	2,370	2,370	0.0%
			(0)
<b>Total Operating Exp</b>	285,881	288,413	0.9%
			2,532
<b>Operating Margin</b>	(109,966)	(98,584)	-12%
			(11,382)
<b>Operating Margin %</b>	-63%	-52%	-20%
			-11%
<b>Non Operating Revenue</b>	24,987	24,987	0%
			-
<b>Net Income/(Loss)</b>	<b>(84,979)</b>	<b>(73,597)</b>	<b>-15%</b>
			<b>(11,382)</b>

\*Year to Date (3 months) Pension Liability per GASB

Unaudited Financial Statement

Finance Committee : April 2018

## Stroger Operation Overview for Three Months ending February 2018



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### Comments:

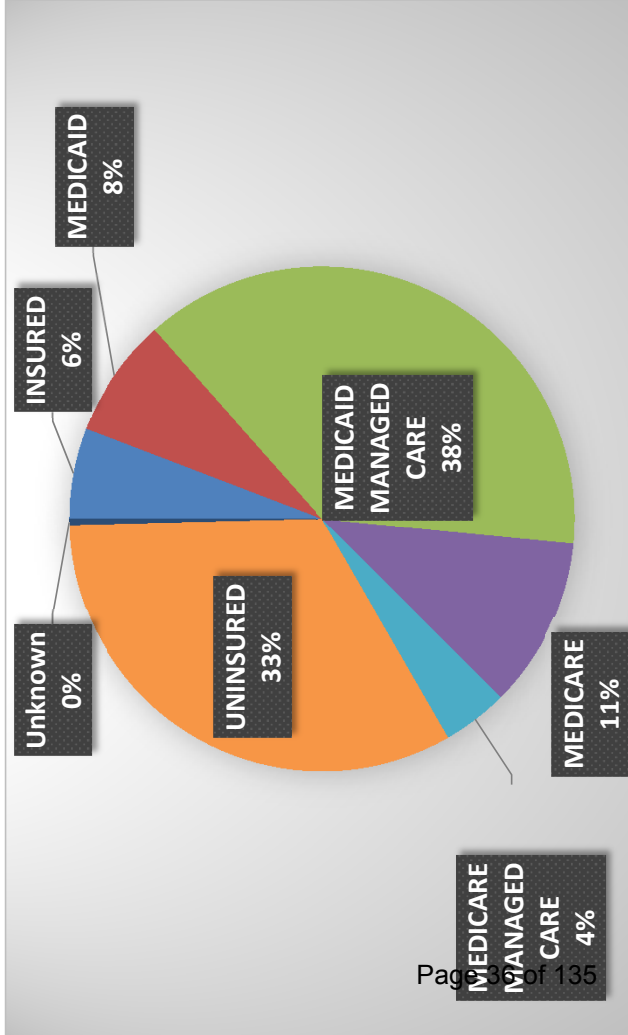
- Room for improvement with major metrics and volumes
- Payor mix by visits at Stroger has more uninsured vs. Provident

Inpatient/Observation-FYTD				
Measure	FY2018	Target	FY2017	FY2017
Inpatient Discharges	4,377	5,064		5,183
Inpatient Days	22,061	23,913		16,184
Observation Discharges	2,337			1,966
Observation Days (Observation Discharge)	4,631			3,117
Avg LOS	6	5		5
Surgical Cases	1,759	3,291		1,464
Radiology Tests	20,196	---		20,889
Deliveries	230	300		261
Emergency - FYTD				
Measure	FY2018	Target	FY2017	FY2017
Emergency Visits	29,978	28,857		30,053
Radiology Tests	15,493	-		15,212
Outpatient Clinic- FYTD				
Measure	FY2018	Target	FY2017	FY2017
Total Registrations*	26,191	-		23,299
Total Provider Visits*	2,967	80,856		2,493



COOK COUNTY HEALTH  
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## Provident Operation Overview for Three Months ending February 2018



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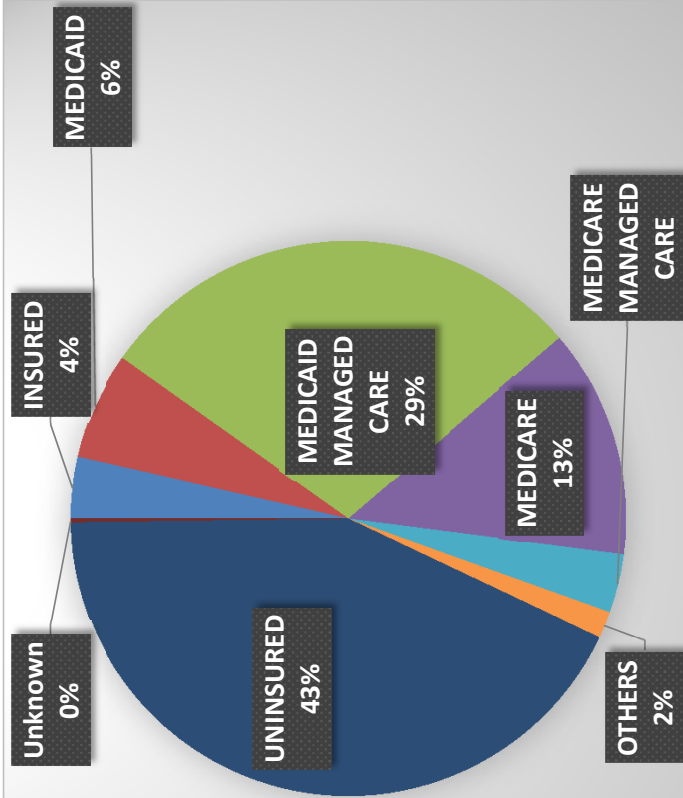
### Comments:

- Room for improvement with major metrics and volumes
- Payor mix by visits at Provident has fewer uninsured vs. Rest of system

Inpatient/Observation- FYTD			
Measure	2018	Target	2017
Inpatient Discharges	181	150	168
Inpatient Days	787	720	754
Observation Discharges	145	141	168
Observation Days (Observation Discharge)	279	141	337
Avg LOS	6	5	5
Surgical Cases Total (only OR)	562	570	513
Radiology Tests	513		1,698
Emergency- FYTD			
Measure	2018	Target	2017
Emergency Visits	7,443	7,131	6,881
Radiology Tests	3,718		3,547
Outpatient Clinic- FYTD			
Measure	2018	Target	2017
Total Registrations	5,069	5,598	4,319
Specialty/Diagnostic/Procedure Provider Visits	225	93	
Radiology Tests	1,785		1,698



## ACHN Operation Overview for Three Months ending February 2018



### ACHN Specialty- FYTD

Measure	FY2018	Target	FY2017
Austin*	1,529	138	133
Cicero	369	399	372
Logan Square	227	291	163
Oak Forest	5,806	6,441	5,284
Total Specialty Care Provider Visits	7,931	7,269	5,952

ACHN Primary- FYTD			
Measure	FY2018	Target	FY2017
Austin	3,112	3,567	2,748
Children's Advocacy	164	149	133
Cicero	2,519	3,120	2,774
Cottage Grove	2,155	2,654	2,349
Englewood	2,507	3,303	2,973
Logan Square	3,304	3,357	2,429
Morton East	250	268	239
Near South	3,160	3,782	3,170
Oak Forest	3,301	3,659	2,925
Prieto	3,928	5,330	4,406
Robbins	2,230	2,753	2,742
Sengstacke	5,958	4,575	3,828
Vista	2,561	2,458	1,863
Woodlawn	1,629	2,526	2,188
Total Primary Care Provider Visits	36,778	41,500	34,767

#### Comments:

- Room for improvement with visit volumes
- Payor mix by visits has more uninsured vs Provident
- Austin Specialty visits includes Behavioral Health



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

# CountyCare HealthPlan

## Financial Statements & Operational Stats



## CountyCare Income Statement for the Three Months ending Feb-2018(in thousands)

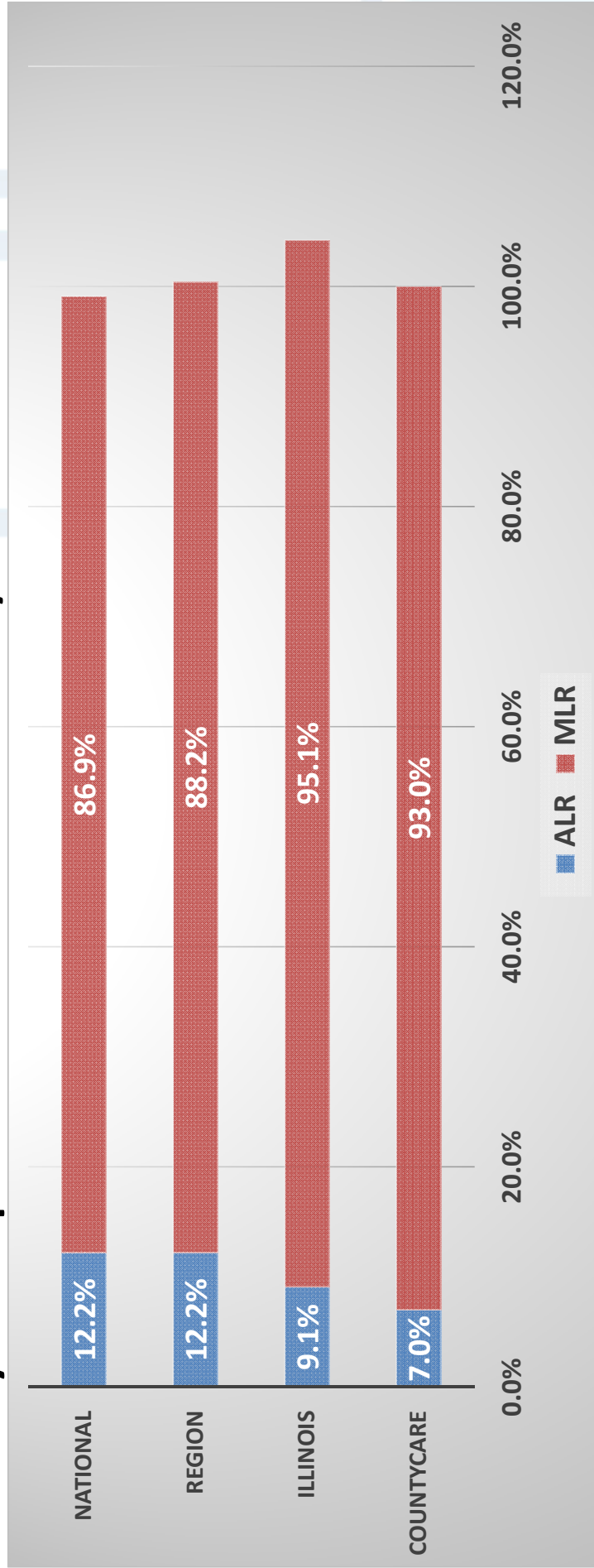
	Year to Date		
	Actual	Budget	Variance
Member Months	1,044,675	675,000	369,675
<b>Total Revenue</b>	<b>441.0</b>	<b>311.2</b>	<b>129.8</b>
<b>Expense</b>			
<b>Total Admin Expenses</b>	<b>19.4</b>	<b>14.8</b>	<b>(4.6)</b>
<b>CCHHS Clinical Expenses</b>			
Claims	36.4	27.0	(9.5)
Pharmacy Claims	8.8	19.4	10.6
Care Management	2.0	3.8	1.9
<b>Total CCHHS Clinical Expenses</b>	<b>47.1</b>	<b>50.1</b>	<b>3.0</b>
<b>External Clinical Expenses</b>			
Claims	262.7	156.9	(105.8)
Pharmacy Claims	71.7	59.3	(12.4)
Care Management	12.8	7.0	(5.8)
Dental Claims	10.3	5.0	(5.3)
Transportation Claims	3.0	3.4	0.4
Optical Claims	1.8	0.6	(1.2)
Member Incentives	0.6	-	(0.6)
<b>Total External Clinical Expenses</b>	<b>362.8</b>	<b>232.1</b>	<b>(130.7)</b>
<b>Total Clinical Expenses</b>	<b>410.0</b>	<b>282.3</b>	<b>(127.7)</b>
<b>Total Expenses</b>	<b>429.4</b>	<b>297.1</b>	<b>(132.3)</b>
<b>Net Income Before Rate Adjustment</b>	<b>11.5</b>	<b>14.0</b>	<b>(2.5)</b>
<b>Medical Loss Ratio (MLR)</b>	<b>0.9</b>	<b>0.9</b>	<b>(0.0)</b>
<b>Net Income Before IGT</b>	<b>11.5</b>	<b>14.0</b>	<b>(2.5)</b>
<b>IGT</b>	<b>8.0</b>	<b>8.5</b>	<b>(0.5)</b>
<b>CountyCare Net Income After IGT</b>	<b>3.5</b>	<b>5.5</b>	<b>(2.0)</b>

Unaudited Financial Statement

Finance Committee : April 2018



## CountyCare Operational Stats Medical Loss/Administrative Loss Ratio



### Comments :

- CountyCare MLR (Medical loss Ratio) is better than National and Regional.
- Countycare membership at end of Feb-2018 is over 320,000
- Strategies towards improving CCHHS access for CC members and empaneling more in PCMH
- The MLR and ALR (Administrative Loss Ratio) for National, Region, and Illinois are averaged independently.

Milliman Research Report-Medicaid Risk-Based Managed Care: Analysis of Financial results for 2016

\*Region consists of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin



# Correctional Health Services

## Financial Statements & Operational Stats



## Income Statement for the Three Months ending Feb-2018(in thousands)

<b><u>Correctional Health Services</u></b>	<b>Year-To-Date</b>		<b>Variance</b>	
	<b>Actual</b>	<b>Budget</b>	<b>%</b>	<b>\$</b>
<b><u>Operating Expenses</u></b>				
Salaries & Benefits	14,686	16,567	11.4%	1,881
Overtime	1,886	1,277	-47.7%	(610)
Pension*	7,372	7,372	0.0%	0
Supplies	441	118	-273.3%	(323)
Pharmaceutical Supplies	1,278	2,187	41.6%	909
Purch. Svs., Rental, Oth.	2,177	2,284	4.7%	107
Depreciation	35	35	1.3%	0
<b>Total Operating Exp</b>	<b>27,876</b>	<b>29,841</b>	<b>6.6%</b>	<b>1,965</b>
<b>Operating Margin</b>	<b>(27,876)</b>	<b>(29,841)</b>	<b>7%</b>	<b>1,965</b>
<b>Non Operating Revenue</b>	<b>23,369</b>	<b>23,369</b>	<b>0%</b>	<b>-</b>
<b>Net Income/(Loss)</b>	<b>(4,506)</b>	<b>(6,472)</b>	<b>30%</b>	<b>1,965</b>

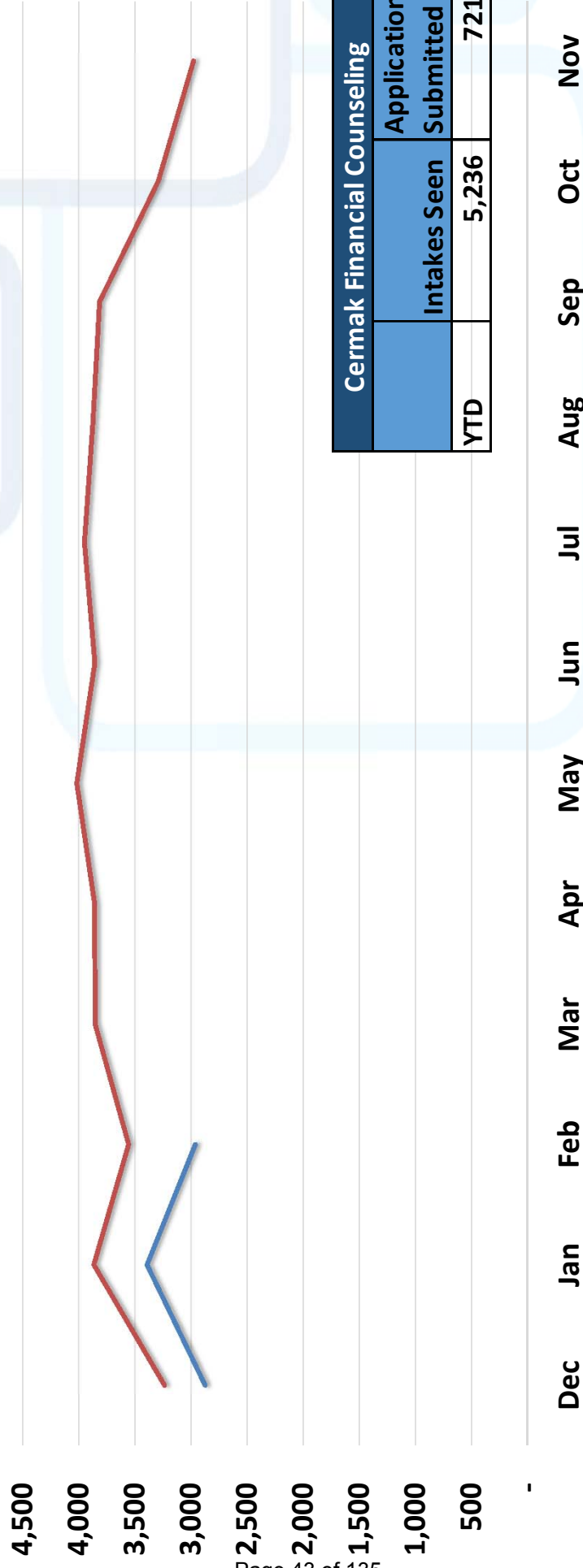
\*Year to Date (3 months) Pension Liability per GASB

Unaudited Financial Statement

Finance Committee : April 2018

## Correctional Health Operation Overview for Three Months ending February 2018

### Total Intakes



Cermak Financial Counseling		
	Intakes Seen	Application Submitted
YTD	5,236	721

Comments; —2018 Actual —2017 Actual

- Fewer intakes but more resource intense detainees
- Building internal capacity around screening and financial counselling to ensure continuity of coverage



# Cook County Dept. of Public Health

## Financial Statements & Operational Stats



## Income Statement for the Three Months ending Feb-2018(in thousands)

<b><u>Cook County</u></b>	<b>Year-To-Date</b>		<b>Variance</b>	
<b><u>Public Health</u></b>	<b><i>Actual</i></b>	<b><i>Budget</i></b>	<b>%</b>	<b>\$</b>
<b><u>Operating Revenue</u></b>	157	169	-7.3%	(12)
<b><u>Operating Expenses</u></b>				
Salaries & Benefits	2,418	2,718	11.1%	301
Overtime	1	2	68.9%	1
Pension*	1,208	1,208	0.0%	(0)
Supplies	10	23	57.5%	13
Purch. Svs., Rental, Oth.	134	284	52.8%	150
Depreciation	1	1	1.3%	0
Utilities	12	12	0.0%	0
<b>Total Operating Exp</b>	3,783	4,248	10.9%	465
<b>Operating Margin</b>	(3,626)	(4,079)	11%	453
<b>Non Operating Revenue</b>	2,754	2,754	0%	-
<b>Net Income/(Loss)</b>	<b>(871)</b>	<b>(1,324)</b>	<b>34%</b>	<b>453</b>

\*Year to Date (3 months) Pension Liability per GASB

## CCDPH Overview for Three Months ending February 2018

Public Health		Program Title	Metric	FY18 Q1
Public Health	Administration		Percent of high-risk infant APORS (Adverse Pregnancy Outcome Reporting System) referrals received that are contacted for follow-up by the Public Health Nurse within 14 calendar days of referral	89%
			Cost per county residents served	\$5.35
	Environmental Health		Cost per Inspection Efficiency	\$209.00
			Number of inspections processed per inspector Efficiency	258
			Time from receipt of Chlamydia or gonorrhea report to field (days)	5
	Communicable Diseases		Number of infectious disease detected and mitigated Output	6,214
		Percent of food establishments with isolated illness complaints within a contracted community or unincorporated Suburban Cook County that are inspected within 2 business days of receipt of complaint	100%	
Lead Poisoning Prevention	Program Title	Metric	FY18 Q1	
	Lead Poisoning Prevention		Number of private residences that receive mitigation/abatement services to correct lead-based paint hazards Output	2
			Percentage of cases with elevated blood levels visited within the timeline provided in protocols Efficiency	74%
			Percentage of cases with elevated blood lead levels who receive joint nursing visit and environmental risk assessment visit Outcome	58%
		Program Title	Metric	FY18 Q1
	TB Program		Number of TB Clients Output	1,339
TB Program			Client Visits per (9) Nursing FTEs Efficiency	223
			Number of completed Direct Observation Treatments (DOT) Outcome	91%

# Corporate Office

## Financial Statements & Operational Stats



## Income Statement for the Three Months ending Feb-2018(in thousands)

<u>Corporate Office</u>	<u>Year-To-Date</u>		<u>Variance</u>	
	<i>Actual</i>	<i>Budget</i>	<i>%</i>	<i>\$</i>
<b><u>Operating Expenses</u></b>				
Salaries & Benefits	10,067	11,487	12.4%	1,419
Overtime	148	100	-47.8%	(48)
Pension*	5,091	5,091	0.0%	-
Supplies	1,173	435	-169.7%	(738)
Purch. Svs., Rental, Oth.	3,278	2,535	-29.3%	(743)
Depreciation	1,209	1,225	1.3%	16
<b>Total Operating Exp</b>	<b>20,965</b>	<b>20,872</b>	<b>-0.4%</b>	<b>(93)</b>
<b>Operating Margin</b>	<b>(20,965)</b>	<b>(20,872)</b>	<b>0%</b>	<b>(93)</b>
<b>Non Operating Revenue</b>	<b>1,964</b>	<b>1,964</b>	<b>0%</b>	<b>-</b>
<b>Net Income/(Loss)</b>	<b>(19,001)</b>	<b>(18,908)</b>	<b>0%</b>	<b>(93)</b>

\*Year to Date (3 months) Pension Liability per GASB



## Income Statement for the Three Months ending Feb-2018(in thousands)

<u>Oak Forest Facility</u>	<u>Year-To-Date</u>		<u>Variance</u>
	<i>Actual</i>	<i>Budget</i>	<i>%</i>
<b><u>Operating Revenue</u></b>	1.17	3.28	-64.3% (2.11)
<b><u>Operating Expenses</u></b>			
Salaries & Benefits	1,546	1,615	4.3%
Overtime	121	50	-142.7% (71)
Pension*	754	754	0.0%
Supplies	0	73	99.5%
Purch. Svs., Rental, Oth.	410	265	-54.6% (145)
Depreciation	465	472	1.3%
Utilities	532	532	0.0%
<b><u>Total Operating Exp</u></b>	3,829	3,761	-1.8% (68)
<b><u>Operating Margin</u></b>	(3,827)	(3,757)	-2% (70)
<b><u>Non Operating Revenue</u></b>	291	291	0%
<b><u>Net Income/(Loss)</u></b>	<b>(3,536)</b>	<b>(3,466)</b>	<b>-2% (70)</b>

\*Year to Date (3 months) Pension Liability per GASB

Unaudited Financial Statement

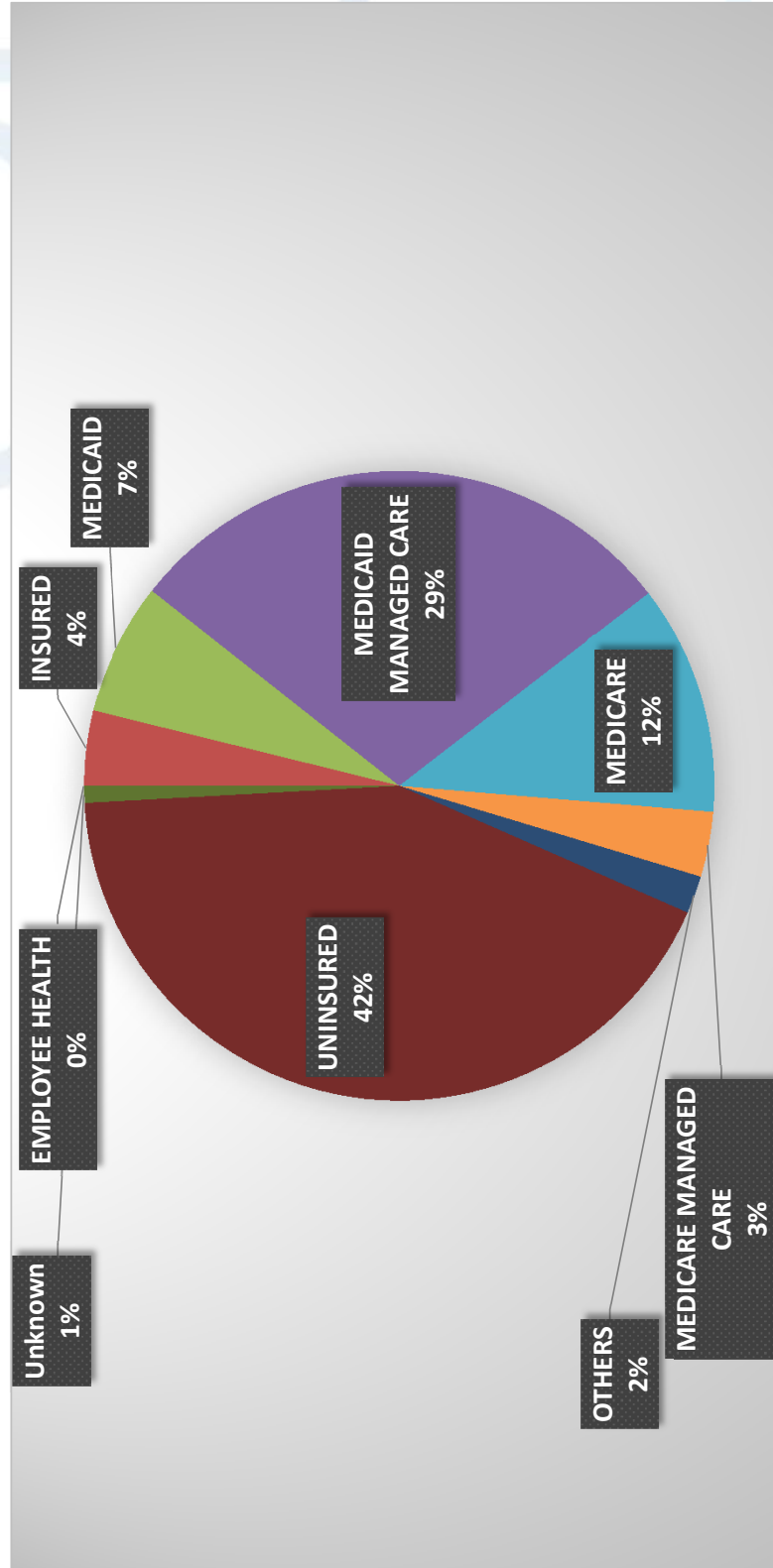
Finance Committee : April 2018

# Appendix

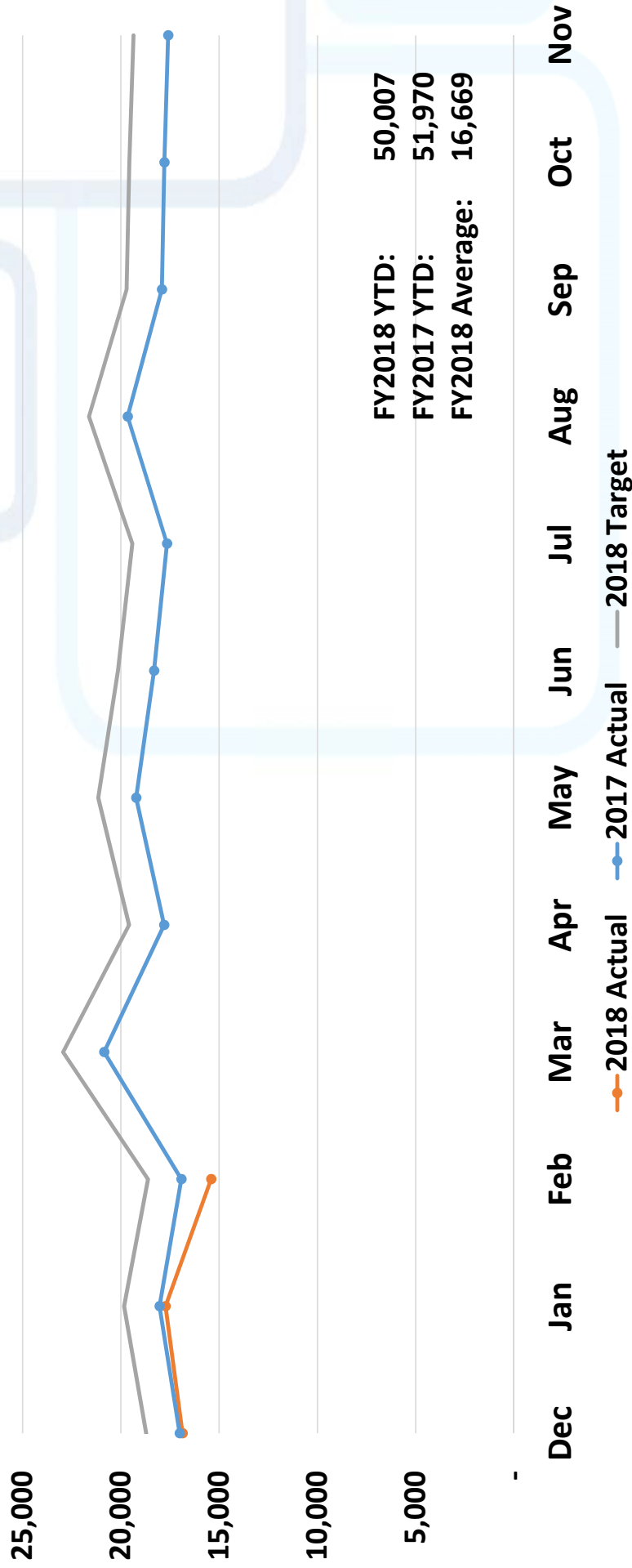
## System-wide Volumes / Stats



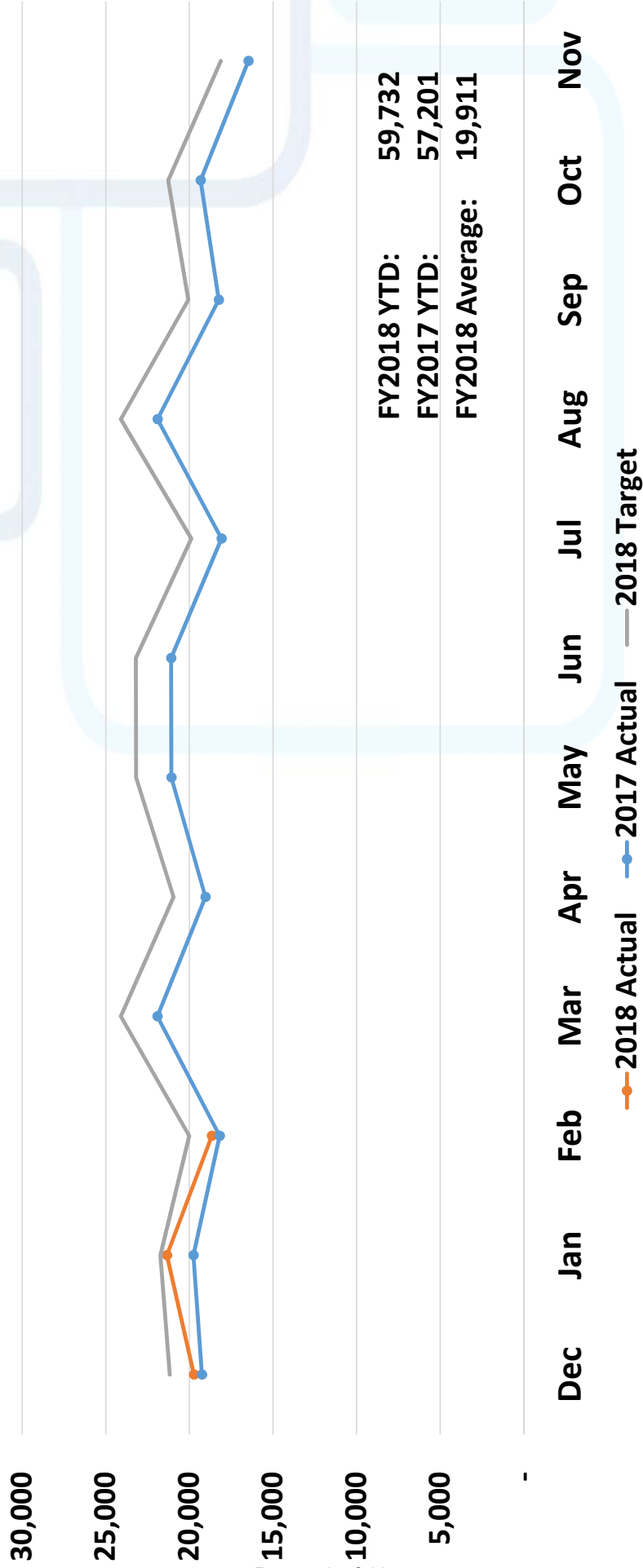
## FYTD System-wide Payor Mix



# Primary Care Provider Visits



# Specialty Care Provider Visits



# Total Inpatient Discharges

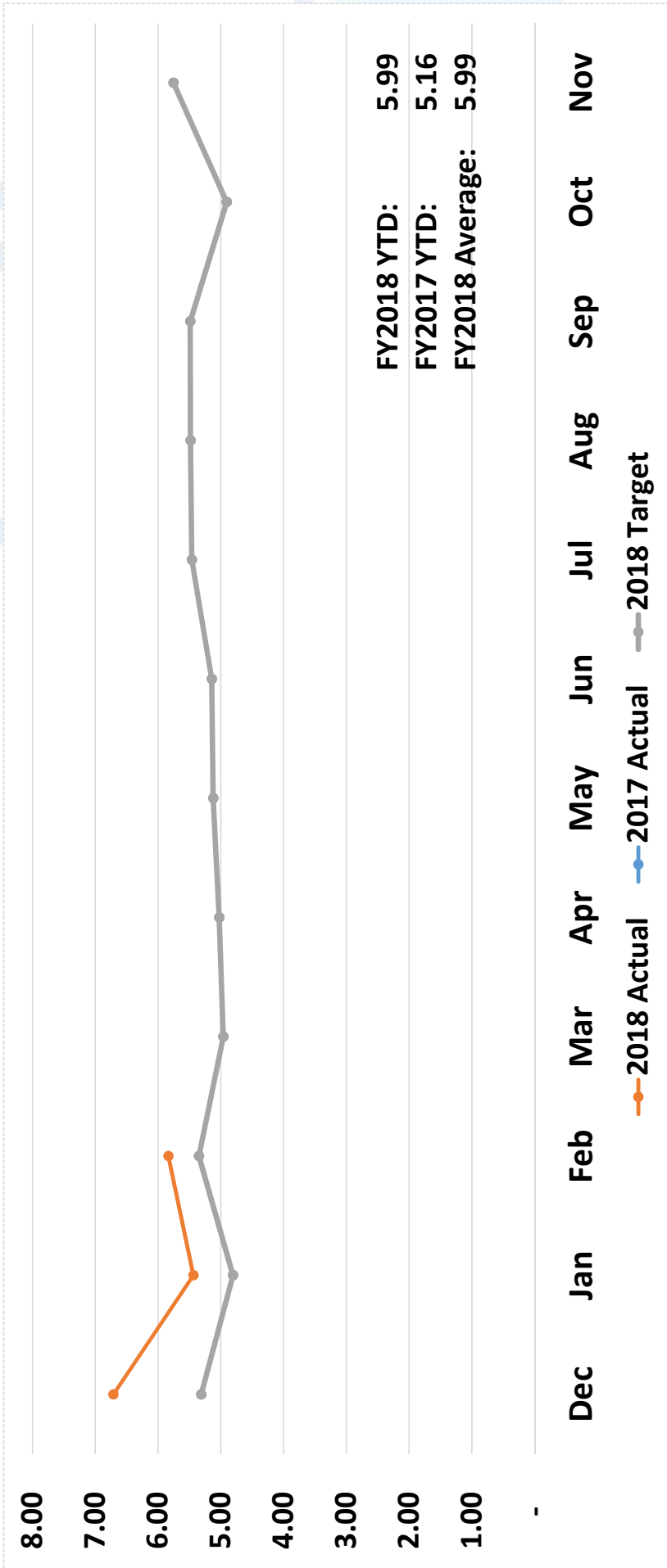


\*includes PICU



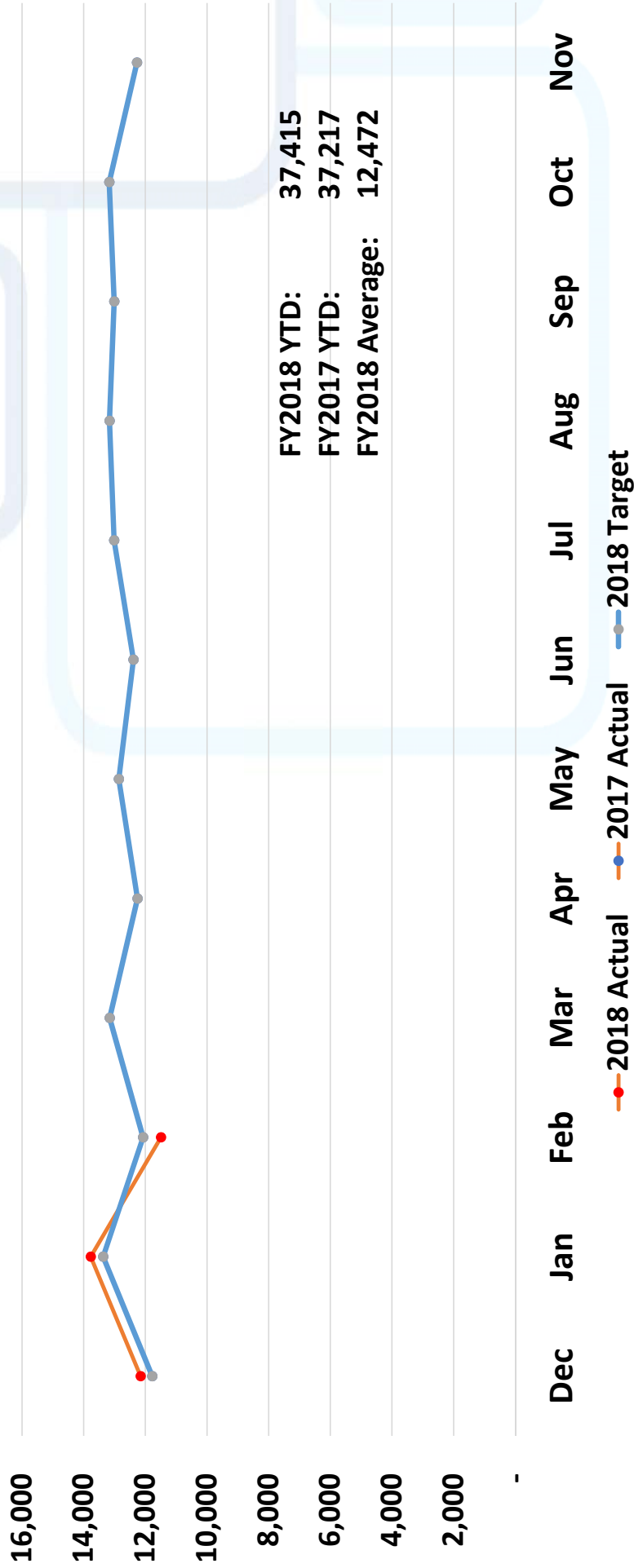
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**CC+HHS**

## Average LOS



\*includes PICU

# Total Emergency Room Visits



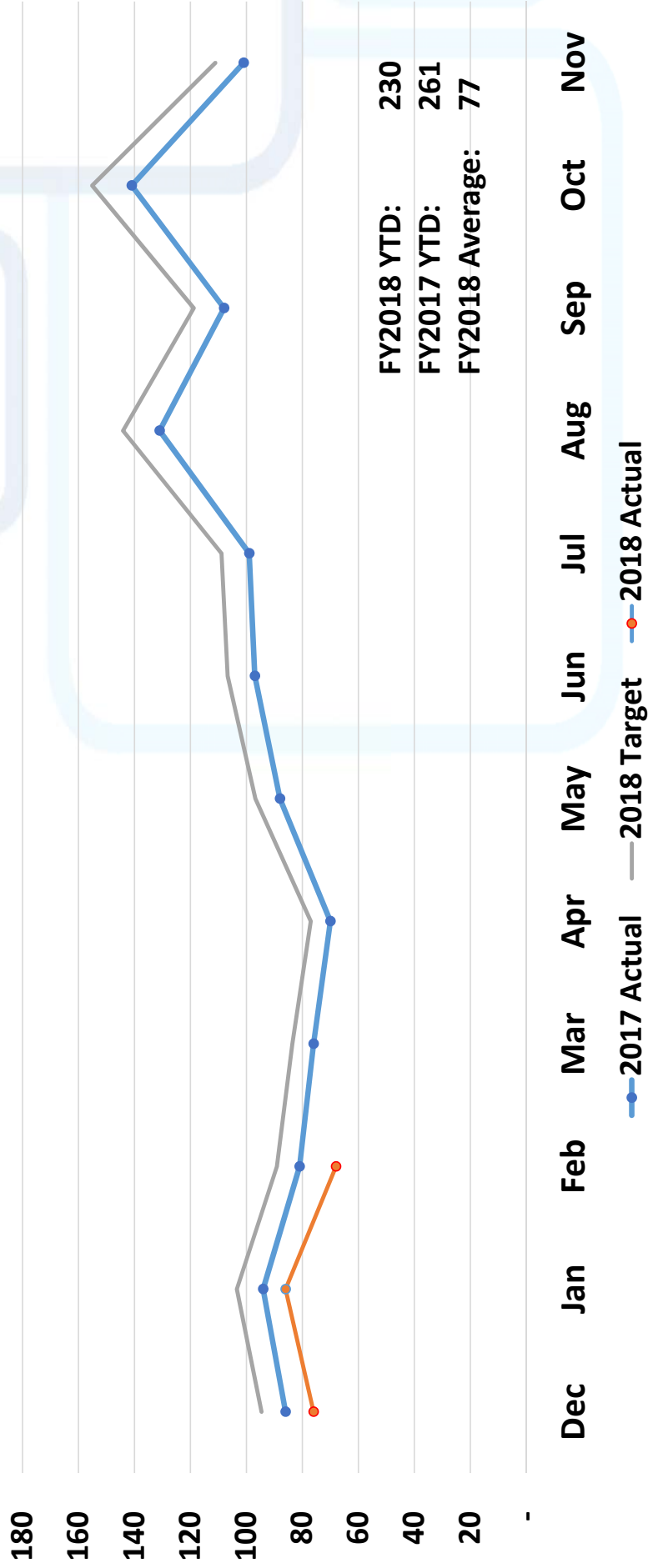
\*includes Adult, Peds and Trauma



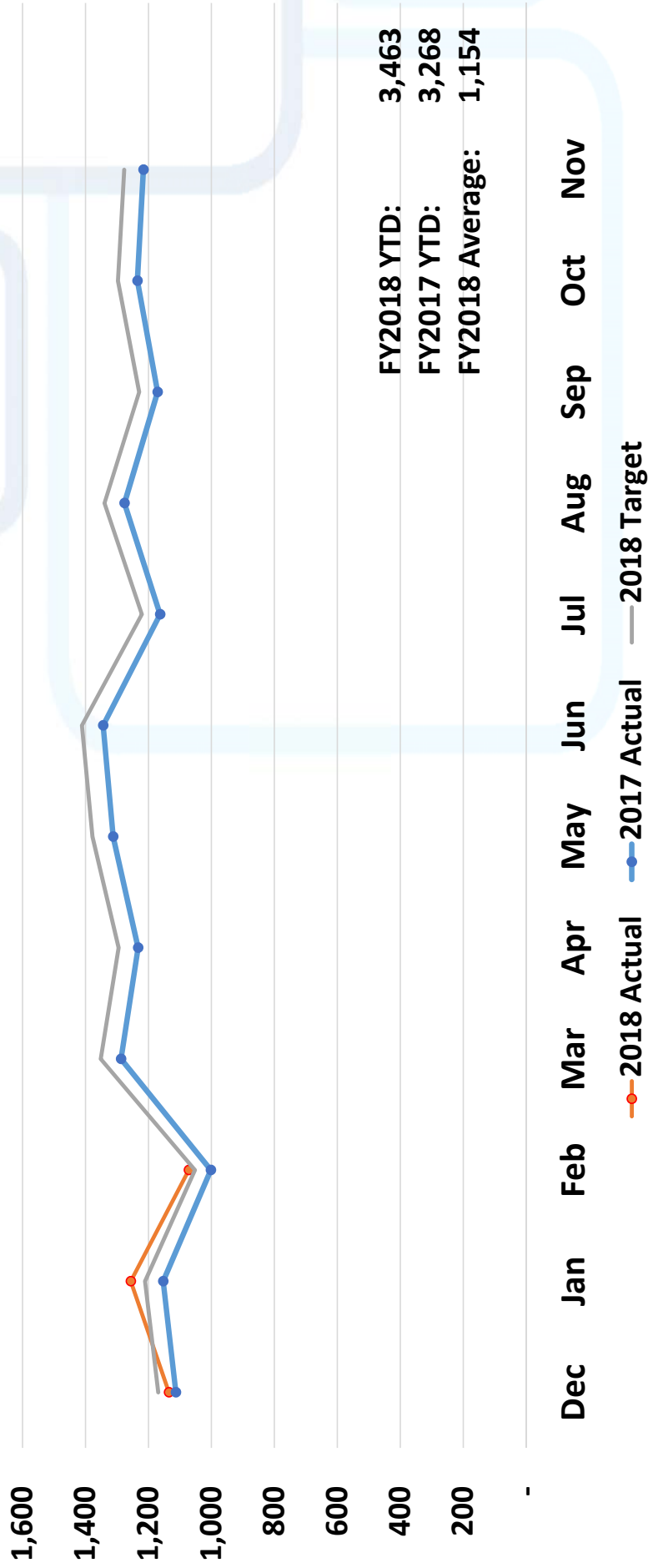
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**CC+HHS**



# Total Deliveries



# Total Surgical Cases



Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
April 27, 2018

ATTACHMENT #5



# COOK COUNTY HEALTH & HOSPITALS SYSTEM

## CCHHS Board of Directors Meeting Quality and Patient Safety Committee Dashboard Overview

27 April 2018

Claudia Fegan, MD, Chief Medical Officer



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# Board Quality Dashboard

CCHHS QPS Committee Dashboard		CCHHS Board Metrics - Quality								
Data as of 4/10/2018								TARGET	VARIANCE*	
PERFORMANCE MEASURES		CY 2016	CY2017				CY2018			
							1Q18			
		4Q16	1Q17	2Q17	3Q17	4Q17	Jan			Feb
Stroger										
Core Measures		Monthly Composite								
Venous Thromboembolism (VTE) Prevention Only (%)		83**	80**	84**	85**	86**	86**	87**	99%	-13%
Efficiency - Operating Room		Monthly %								
Surgery Begins at the Scheduled Time (%)		60***	70***	72***	66***	65***	68***	67***	80%	-15%
Safety		Total # of Events								
Events: Ulcers, Falls, CLABSI, CAUTI, C. diff, MRSA and SSI		34	57	49	48	37	24	14		
Patient Experience										
Willing to Recommend Hosp (% top box)		74	71	72	70	67	67	61	85%	-18%
Provident										
Core Measures										
Venous Thromboembolism (VTE) Prevention Only (%)		92**	92**	96**	94**	99**	100**	100**	99%	0%
Efficiency - Operating Room		Monthly %								
Surgery Begins at the Scheduled Time (%)		87	91	85	87	80	74	74	80%	0%
Patient Experience										
Willing to Recommend Hosp (% top box)		74****	55****		71****		N/S	N/S	85%	-14%
ACHN										
Diabetes Control % with Hgb A1C < 9%		78	77	73	78	77	76	73	78%	-1%
Patient Experience: Moving Through Visit (mean)		63	64	68	68	69	70	70	75%	-6%
Patient Experience: Telephone Access (mean)		59	60	63	62	63	67	68	75%	-12%
Cleanliness of Practice (mean)			83	84	86	87	87	85	77%	10%

LEGEND	
* Data represents automated collection	
** VTE reported from Qtrly eCQM	
**** Under Revision	
***OR Times revised data collection	
**** Pt Experience revised 6mo data collection	
* Variance is target to recent month	
* N/S: Not Sufficient data collected	
**N/S: Pneumococcal no longer being measured	



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
April 27, 2018

ATTACHMENT #6



# CCDPH Nursing and Integrated Health Support Services (IHSS)

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COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

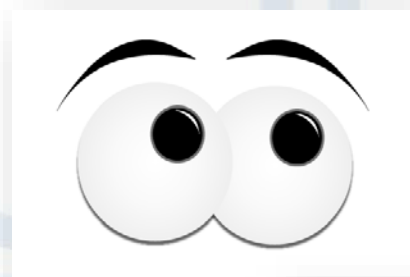
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# **Integrated Health Support Services (IHSS) Department Goal**

- To inform, educate and empower people about their health care and concerns
- To refer those without a primary physician, to a primary medical home
- Provide additional referral resources and support for the infant and family







# IHSS Programs



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC+HHS**

# IHSS Department's 5 programs

- High Risk Infant (HRIF) Adverse Pregnancy Outcomes Reporting System (APORS)
- Genetic (New Born Hearing Screening, Hepatitis B)
- Breast & Cervical Cancer Program (BCCP)
- Vision and Hearing Screening
- Tuberculosis (TB)





# High Risk Infant (HRIF) Adverse Pregnancy Outcomes Reporting System (APORS)

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# Adverse Pregnancy Outcomes Reporting System (APORS)



**APORS:** A state funded infant follow-up program

**Purpose:** to minimize disability in high risk infants by identifying as early as possible conditions requiring further evaluation, diagnosis, and treatment and by assuring an environment that will promote optimal growth and development.

## How:

- APORS collects information on Illinois infants born with birth defects or other abnormal conditions.
- APORS Birth Defects Registry looks for health problems among all babies in Illinois.



# Adverse Pregnancy Outcomes Reporting System (APORS)

## Why is APORS Important?

- Impact of birth defects in the state.
- Birth defects increasing/decreasing over time.
- Investigate cause/risk factors
- Education and Prevention
- Planning and evaluation
- Referral
- Public Health Policy/policymakers .



# Adverse Pregnancy Outcomes Reporting System (APORS)

## Eligibility

- Cook County resident
- No income eligibility
- Birth defect/congenital anomaly

## APORS Criteria:

- Born at less than 31 weeks gestational age
- Infant was part of a triplet, or higher birth
- Positive drug toxicity diagnosis, signs/symptoms, or mother admits to drug use during pregnancy
- Diagnosed with a congenital anomaly; a serious birth defect
- See Attachments



# Adverse Pregnancy Outcomes Reporting System (APORS)

- 1 in 23 babies born daily in Illinois has a major birth defect
- 3 per day will die before their first birthday



# Leading Causes of Infant Mortality

Infant deaths and mortality rates for the top 4 leading causes of death for African Americans, 2014. (Rates per 100,000 live births)					
Cause of Death (By rank)	# African American Deaths	African American Death Rate	#Non- Hispanic White Deaths	Non- Hispanic White Death Rate	African American/ Non- Hispanic White Ratio
(1) Low-Birthweight	1,611	251.5	2,342	77.6	3.2
(2) Congenital malformations	931	145.3	3,556	117.8	1.2
(3) Maternal Complications	566	88.4	912	30.2	2.9
(4) Sudden infant death syndrome (SIDS)	474	74.0	997	33.0	2.2

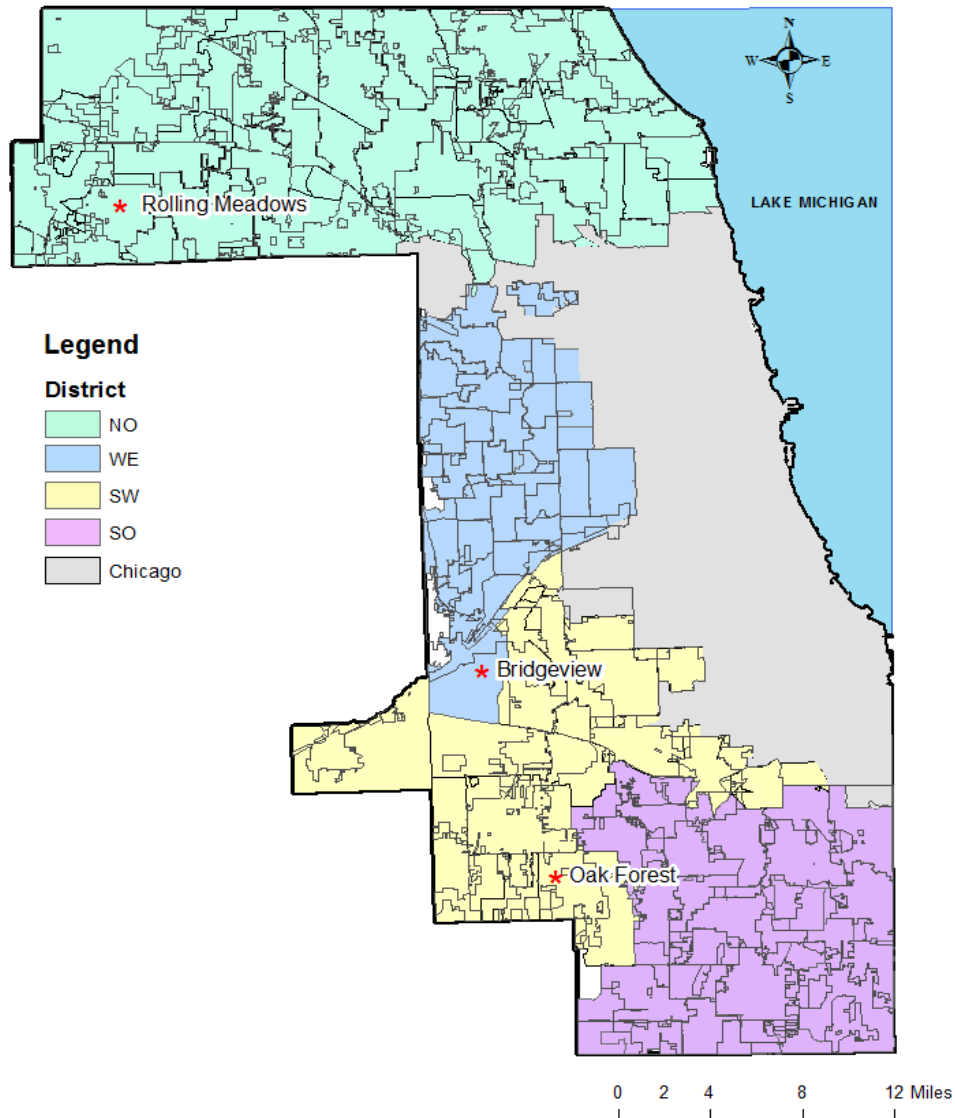
## Leading Causes of Infant Mortality

Source: CDC, 2016. Deaths: Final Data for 2014. Table 21..

[https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf). [PDF | 5.42 MB]



# Cook County Department of Public Health APORS Coverage



# Birth 2016: Infant Mortality According to Mother's District of Residence and Race/Ethnicity

Birth 2016: Section 6, Infant Mortality, Table 1.2, Infant Mortality According to Mother's District of Residence and Race/Ethnicity

<i>Race/Ethnicity of Mother</i>	Suburban Cook County			CCDPH Jurisdiction			North			West			Southwest			South		
	Total	#	Rate	Total	#	Rate	Total	#	Rate	Total	#	Rate	Total	#	Rate	Total	#	Rate
Hispanic	7,399	57	7.7	6,974	55	7.9	2,156	17	-	3,072	28	9.1	850	*	-	896	6	6.7
NH White	12,308	65	5.3	11,031	58	5.3	5,443	32	5.9	1,892	7	-	2,625	15	-	1,071	*	-
NH Black	4,938	68	13.8	4,582	67	14.6	333	9	-	734	15	-	503	*	-	3,012	41	13.6
Asian/PI	3,071	11	-	2,695	9	-	2,275	7	-	183	0	-	158	0	0.0	79	*	-
Total	28,497	201	7.1	25,957	189	7.3	10,514	65	6.2	6,056	50	8.3	4,243	21	4.9	5,144	53	10.3

\* Counts suppressed for events between 1 and 4

- Rates not calculated for events less than 20

Source: Illinois Department of Public Health (IDPH) Birth File, 2016

Infant mortality rate: number of deaths of infants less than one year old per 1,000 live births.



# Adverse Pregnancy Outcomes Reporting System (APORS)

## What is the Process?

Hospitals complete an APORS Infant Discharge Record (IDR)



Illinois Department of Public Health (IDPH)



Local Health Departments

# APORS STAFF

- Twenty-four (23) Public Health Nurse 1
- Three (3) Supervisors
- Seven (7) support staff
- 4 District Areas
  - North District/Rolling Meadow
  - West/Bridgeview
  - Southwest District/Bridgeview
  - South District/Oak Forest



# APORS CASELOAD/REFERRALS

FY16

Referrals: 2,172

85% Activated in 14 days

Total Avg. Monthly Caseload for 4 districts: 1,472

FY17

Referrals: 2,112

80% Activated in 14 days

Total Avg. Monthly Caseload for 4 districts : 1,336

FY 18 – to date

Referrals: 493

81% Activated in 14 days

Total Avg. Monthly Caseload for 4 districts : 1,189



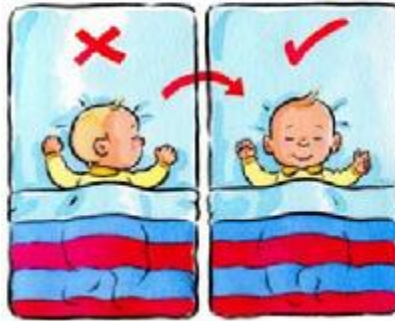
# Public Health Role in APORS

- Bridge the gap between the hospital and home
- Home visits at 2,4,6,12,18, & 24 months
- Monitor and reinforce immunizations
- Communicate with Primary Care Providers
- Refer clients to Stroger and County Care
- Conduct assessment/screenings (Physical, Developmental, Perinatal Depression and Sleeping Arrangements)



# Public Health Role in APORS

## Safe Sleep for Your Baby



- Sudden Infant Death Syndrome (SIDS)  
When a baby 12 months or younger dies during sleep with no warning signs or a clear reason.
- Provide bereavement support



# Other Public Health Role in APORS

- Educate
  - Infant care
  - Nutrition
  - Refer to Women Infant and Children (WIC)
- Referrals for evaluation and treatment
  - Early Intervention (EI)
  - Illinois Division of Specialized Care for Children (DSCC)
- Mentor Student Nurses & Preventive Medicine Residents





# Other Public Health Role in APORS

## Collaboration

- Communicable Disease Department, support response;  
Measles outbreak  
Ebola Virus  
Influenza Virus H1N1
- Environmental Health Services (EHS) –Lead Program;  
Joint visits with the Lead inspectors  
Lead level monitoring.
- Emergency Preparedness and Response Unit (EPRU)  
Annual EPRU drills (flu clinic)



# Future Directions

- Forge new strategic partnerships
- Expand leadership development opportunities
- Expand the evidence base for public health nursing practice





Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
April 27, 2018

ATTACHMENT #7



**JOHN JAY SHANNON, MD**  
**CHIEF EXECUTIVE OFFICER**  
**COOK COUNTY HEALTH & HOSPITALS SYSTEM**  
**REPORT TO THE BOARD OF DIRECTORS**  
**April 27, 2018**

**Employee Recognition**

**Dr. Courtney Hollowell**, Urologic Surgeon and Chairman of Urology at Stroger Hospital, has been named Cook County Health & Hospitals System's 2018 Doctor of the Year. Dr. Hollowell was nominated for this award by his physician peers, who noted that he is an exceptional mentor, patient with those he treats and works with, and that he is committed to giving back through volunteer work. The nurses in his department routinely describe him as one of the most approachable and personable doctors in the health system.

**Dr. Steven Aks** received the American College of Medical Toxicology's Outstanding Service to the College Award earlier this month at a conference in Washington, DC. Each year, this award is given to one member of the college who has shown outstanding leadership as a role model in medical toxicology. Dr. Aks is an emergency medicine physician at John H. Stroger, Jr. Hospital and also heads the Toxikon Consortium, which is a partnership between CCHHS, the University of Illinois at Chicago and the Illinois Poison Center. As such, he has helped train more than 1,200 medical residents and 600 students in medical toxicology since 1990, and he is also nationally-recognized as one of the foremost experts on medical toxicology.

**Patty Hernandez**, Community Outreach Worker, has been selected to be part of an advisory board for a new community health worker initiative that is focused on North Lawndale and South Lawndale. The goal of the initiative is to build a new model that uses community health workers to do outreach to the most medically complex residents of North Lawndale and South Lawndale and provide those residents with resources, so they can improve their health. Ms. Hernandez will be working with representatives from the Otho SA Sprague Memorial Institute, Chicago Department of Public Health, Public Health Institute of Metropolitan Chicago, and Sinai Urban Health Institute.

**Gladys Lopez**, Chief Human Resources Officer, will be leaving CCHHS after eight years leading the HR operations. Gladys' accomplishments include a significant reduction in time to hire, getting vacancies to a recent historic low, establishing the Leadership Development Program for emerging leaders in the organization and leading the system's success in reaching substantial compliance with the Shakman Consent Decree.

**Patient Experience**

In a four-page note, a patient wrote us a very kind note about her recent stay at Stroger Hospital. The patient noted that because of the wonderful care Stroger staff showed her, she felt "welcome, comfortable and happy." And she added, "You uplifted me, especially in moments my body was going through many changes....I just want to commend you, John H. Stroger Hospital, for the right on time staff [you] have." In her letter, this patient also personally thanked nurses **Susan Bergman**, **Amitha Bijoy**, **Chris Buns**, **Arnold Cruz**, **Elizabeth Daniels**, **Maureen Diji**, **Olivia Graham** and **Porschia Jenkins**; as well as **Brian Buenaventura**, Staff Certified Registered Nurse Anesthetist; **Alexis Forrest**, Building Service Worker; and **Dr. Neelam Malhotra**, Chairman of the Division of Obstetrics Anesthesia.

## Activities and Announcements

- The new **Cook County Outpatient Center** is 78% complete with substantial completion expected on June 25, 2018. It is expected that CCHHS will move into the administrative space in September with clinical services to move following all required IDPH inspections.

The new **surface parking lot** on the site of **Fantus Clinic** is expected to be complete in August. This parking lot will be designated for patients and visitors to Stroger's Emergency and Trauma Departments. While it will alleviate some of the parking challenges on the Central Campus, parking for staff continues to be a challenge.

### IMPACT 2020 Objective 1.2

- On Tuesday, May 15, 2018, CCHHS will participate in a **Citywide Disaster Drill**. This drill will test emergency preparedness across our hospitals and clinics and across a shift change. The Hospital Incident Command System will be activated for the duration of the drill.

### IMPACT 2020 Objective 1.1

- Preparation continues for **The Joint Commission** Triennial survey of Stroger Hospital and affiliated Ambulatory sites. We expect eight surveyors for four days any time before October. This survey will include recertification for our Primary Care Medical Home model.

### IMPACT 2020 Objective 1.1

- Pursuant to county ordinance CCHHS established a **direct access program** to ensure uninsured Cook County residents who earn up to 200% of the Federal Poverty Level (FPL) and are not otherwise eligible for public health insurance have access to quality health care. CCHHS is leveraging our existing charity care program, **CareLink**, and building upon the infrastructure and operations systems of the CountyCare Health Plan to ensure proper care coordination, provider relations, and data analytics while maximizing established community partnerships and linkages.

<b>Total number of individuals enrolled in CareLink effective 12/31/17</b>	<b>29,203</b>
<b>Total number of individuals enrolled in CareLink with income less than 200% effective 12/31/17</b>	<b>24,915</b>
<b>Q1 (January – March) Number of persons enrolled in CareLink</b>	<b>8,388</b>
<b>Q1 (January – March) Number of persons enrolled in CareLink with income less than 200%</b>	<b>7,222</b>
<b>Total number of individuals enrolled in CareLink effective 3/31/18</b>	<b>29,800</b>
<b>Total number of individuals enrolled in CareLink with income less than 200% effective 3/31/18</b>	<b>26,341</b>

### IMPACT 2020 Objective 6.1, 7.1

- On April 10<sup>th</sup>, Leticia Reyes Nash, Mary Sajdak and other members of CCHHS leadership participated in a **diversion summit** hosted by the Chicago Police Department. Dr. Shannon gave introductory remarks addressing mental health needs for justice-involved individuals and the overarching aims of the system's behavioral health strategy. The Diversion Summit brought together more than 90 cross-system stakeholders from across Cook County to discuss how people with behavioral health issues could be diverted from incarceration to treatment. Participants learned about the current deflection and diversion efforts occurring throughout Cook County, and discussed other opportunities and how to engage the whole community in deflection and diversion efforts. Lessons learned from the Summit will help inform opportunities for collaboration and shape how diversion happens throughout Cook County.

CCHHS will partner with the Chicago Police Department to conduct a series of community meetings this summer to get feedback to help craft a deflection and diversion intervention on the West Side that is funded by the MacArthur Safety and Justice Challenge.

IMPACT 2020 Objective 6.3, 7.1, 7.2

- On Wednesday, June 27, 2018, the **Cook County Health Foundation** will host its Annual Gala at the Chicago Hilton. This year's gala will benefit CCHHS maternal and child health programs. The Foundation will present the Ruth M. Rothstein Award for Excellence to the Chicago Community Trust. Dr. Helene Gayle, CEO will receive the award on the Trust's behalf. More information can be found at [www.cchealthfoundation.org](http://www.cchealthfoundation.org).

IMPACT 2020 Objective 1.2

- CCHHS will begin **High Reliability** training for all staff in May. This mandatory four hour training will teach staff to apply tools to identify how errors occur; learn how to prevent errors; and learn and commit to practicing High Reliability Safety Behaviors to prevent errors and harm.

IMPACT 2020 Objectives 1.4, 3.5

- Through April 10, 2018 CCHHS' **Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) resulted in 106 visits to 12 CCHHS health centers – Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Prieto, Robbins, Provident /Sengstacke and Woodlawn. Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 12,860 individuals, representing 42,705 household members; this amounts to 340,578 pounds of fresh produce distributed. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCHHS health center visit.

IMPACT 2020 Objectives 6.2, 6.3, 7.4

- **Black Women's Expo** took place April 6<sup>th</sup>-8<sup>th</sup> 2018 at McCormick. CCHHS staff in attendance included Xandria Hair, Community Outreach Worker for South Cluster; Denita Fobs, Clinic Manager of the Englewood Health Center; Dominique Hudley, Medical Assistant of the Englewood Health Center; Adaku Uzomba, Stroke Program Coordinator; Lajewell Thompson, Regional Director of Central Campus and staff. The three-day event provided various health screenings, resources, speakers, and other goods and services for attendees. During the three day expo over a thousand attendees visited the CCHHS table to inquire about medical services, transportation, CCHHS facilities, CountyCare, and the 4 Men Only Health Fair. Event staff representing CCHHS distributed CCHHS and CountyCare literature, provided screenings, answered questions or concerns, and surveyed attendees. County Care members attended the event in large numbers. Many of them inquired about the CCHHS vehicles and transportation services. Expo staff also promoted the 4 Men Only Health Fair and answered questions regarding the event. Dental services and coverage was a concern for many of the attendees. Denita Fobs and Dominique Hudley provided glucose screening to attendees during the Expo. Adaku Uzomba participated in a

seminar and panel discussion entitled, "Are You at Risk of Stroke?" Seminar attendees had an opportunity to ask individual questions and received literature on stroke prevention. Lajewell Thompson promoted CCHHS ambulatory clinics and services and ACHN staff provided blood pressure screenings. Expo staff collected 475 surveys with 96 individuals wanting to be contacted about Medicaid enrollment. Walgreens, The University of Chicago Medical Center, Chicago Department of Public Health, State Farm, and Mariano's were some of the participating vendors.

Provident Hospital and Sengstacke Health Center hosted the annual **4 Men Only Health and Wellness Fair on April 21, 2018** which provides health education and screenings for men. The event started more than 22 years ago to address the limited access that men had to healthcare. More than 150 men attended this year's event to receive medical screenings, which included eye exams, blood pressure, HIV and Hepatitis C tests. The Provident Hospital HIV Team was extremely proud that most of the men who attended were able to do the Hepatitis C tests, which are being paid for by additional grant funding that they received. Dr. Haddadin and residents from the Ophthalmology clinic examined more than 100 men and scheduled many follow-up appointments for them at the clinic. Nurse Adaku Uzomba spoke to the men about stroke symptoms and prevention. Respiratory Educator Linda Walker of the Pulmonary Clinic spoke to attendees about Provident's smoking cessation program. 4 Men Only is one of Provident Hospital's premier events in which medical and hospital staff participate to improve the general health of the community.

CCHHS staff volunteers at these events included: Dominique Hudley, Denita Fobs, Lajewell Thompson, Dr. Arnold Turner, Tanya Seaton, Henry White, Gary Kersting, Beronica Woodson, Brianna MacIntosh, Ennis Randle, Linda Walker, Lisa Blutcher, Judy Sanders, Rachelle Murray, Terri Kyles, Monica Owens, Eloise Black, Eddie Eagle

IMPACT 2020 Objectives 6.1, 6.3

- As announced during the FY18 budget process, the Cook County Bureau of Human Resources (BHR) has assumed the majority of the **labor functions** for the Cook County Health & Hospitals System. At this time, CCHHS continues to handle:
  - The review of discipline, requests for suspension and requests for termination; and
  - Assistance to CCHHS management for any non-union related matter

*(Select materials and media clips attached)*



## Legislative Update

### State

- Illinois Attorney General Lisa Madigan has joined 16 other attorney generals in filing a motion to intervene and defend the Affordable Care Act (ACA) in a lawsuit seeking to dismantle the law. Texas and 19 other states filed a lawsuit in February in federal district court alleging that the ACA is no longer constitutional under the new tax law because it eliminated the individual mandate penalty.
- The Illinois House Appropriations and Human Services Committee held a hearing on April 5, 2018 regarding the inclusion of Department of Childcare and Family Services (DCFS) wards and medically fragile technology dependent children in managed care under the HealthChoice Illinois program.
- The Department of Healthcare and Family Services (HFS) has issued sanctions against Blue Cross Blue Shield of Illinois and halted enrollment for new Medicaid managed care members because it failed to develop an adequate network and is out of compliance with grievance and appeals standards. The insurer is working with HFS to reinstate enrollment.
- May 31, 2018 is the last day of the Illinois General Assembly's Regular Spring Session, after which a 3/5<sup>th</sup> majority is required in both chambers to pass legislation rather than a simple majority.

### Federal

- Congress returned to Washington, DC the week of April 8<sup>th</sup>. Much of the energy in the health policy space is focused on developing bipartisan, bicameral legislation to address the opioid crisis.
  - On April 11-12, 2018 the Health Subcommittee of the House Energy and Commerce Committee held a hearing on 34 legislative proposals to use Medicare and Medicaid to address the opioid crisis. The bills included two of interest pertaining to justice involved populations, both supported by the National Association of Counties Organization (NACo).
    - H.R. 4005, "Medicaid Reentry Act of 2017," sponsored by Rep. Paul Tonko (D-NY), would remove limitations on Medicaid for the 30 days prior to an inmate's release from jail.
    - H.R. 1925, "At-Risk Youth Medicaid Protection Act of 2017", sponsored by Reps. Tony Cardenas (D-CA.) and Morgan Griffith (R-VA) would require states to suspend, instead of terminating, Medicaid for juvenile inmates.
  - On April 16, 2018 Senate Health, Education, Labor and Pensions (HELP) Committee Chairman Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA) introduced S. 2680, "The Opioid Crisis Response Act", a legislative package to address the opioid crisis. The bill does not include any new funding resources.
  - On April 19, 2018 the Senate Finance Committee held a hearing titled, "Tackling Opioid and Substance Use Disorders in Medicare, Medicaid, and Human Services Programs."
- On April 10, 2018 the President signed an Executive Order directing the Department of Health and Human Services (HHS), among others, to review all its means tested benefit programs and look for ways to impose work requirements. Medicaid could be under consideration, though the Medicaid statute may not allow the federal government to impose new requirements absent a waiver negotiated with a state.

**Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.**

## Community Outreach

- May 1 CCHHS and CountyCare promotion at the **Orland Township Senior Health Fair** which will take place at the Orland Township Offices located at 14807 S. Ravinia Avenue in Orland Park. The event will provide health screenings and information on local health resources.
- May 2 CCHHS and CountyCare promotion at **Malcolm X College Service Days** hosted by the Wellness Center of Malcolm X College at the school located at 1900 W. Jackson Blvd. in Chicago. This event for the students and community will provides services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.
- May 4 CCHHS and CountyCare promotion at the **Cinco de Mayo Fest** which is hosted by the **Senior Service Coalition of Southeast Chicago** that will take place at the South Chicago Senior Satellite Site located at 9233 S. Burley Avenue in Chicago. The goal of the fair is to celebrate Older Americans Month and Cinco de Mayo by providing information and connecting seniors, their families and caregivers to resources.
- May 5 CCHHS and CountyCare promotion at **L.A.D.Y. (Leading Advocating and Developing You!)** event which is hosted by **Top Ladies of Distinction, Inc.** which will take place at the Ultimate Skills Sports Training Center located at 17500 Duvan Drive in Tinley Park. Top Ladies of Distinction, Inc. (TLOD) is a non-profit national educational, humanitarian organization that serves youth and adults with initiatives that include advocacy for women, inspiring youth, beautifying neighborhoods, supporting seniors, and developing and strengthening relationships through community partnerships.
- May 8 CCHHS and CountyCare promotion at the **Robbins Job and Resource Fair, which is hosted by the Robbins Community Help Agency at their offices**, located at 13800 S. Trumbull Avenue in Robbins. The purpose of the event is to help unemployed residents from Robbins to learn about a variety of resources to help with their job search and quality of life. In addition to employers, a number of vendors will participate to share information on healthcare, behavioral health and wellness.
- May 9 CCHHS and CountyCare promotion at the **Family Development Resource Fair**, which is hosted by **Governors State University** at the Family Development Center, located at 1 University Parkway in University Park.
- May 9 CCHHS and CountyCare promotion at the **Well Women Program**, which is hosted by **President Larry Dominick and the Elected Officials of the Town of Cicero**, at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero. May 13 through May 19, is proclaimed as "National Well Women Week." The Town of Cicero will be honoring its women as they host a health and beauty program designed specifically for all the women of Cicero over 18 years of age. Most of them neglect their own health needs or never treat themselves to a spa-like personal day. Various health screenings and beauty services will be offered throughout the day, completely free of charge.
- May 10 CCHHS and CountyCare promotion at **Alderman Joe Moore's Annual Spring Job and Resource Fair**, which will take place at the Willie B. White Park located at 1610 W. Howard Avenue in Chicago. This year's Job and Resource fair looks to connect individuals not only with jobs, but also with resources to address disparities in their communities.
- May 11 CCHHS and CountyCare promotion at the **Community Health Fair**, which is hosted by the Kenwood United Church of Christ, at the church located at 4608 S. Greenwood Avenue in Chicago.

- May 12 CCHHS and CountyCare promotion at **13th Annual Statewide Summit for Bilingual Parents** which is hosted by **Illinois State Board of Education** at the Hilton in Oakbrook. The Annual Statewide Summit for Bilingual Parents provides a rich mix of information about issues of critical importance to parents from linguistically and culturally diverse backgrounds. Top speakers are joined by experts and panels on such topics as pathways to academic success, enhanced parental participation in schools, immigration issues, bilingual education programs, effective parenting practices, health care options and more. Health Insurance options are a major component of the resources available to parents.
  
- May 15 Presentation to the **Ingalls Hospital Social Work & Care Management Staff In-service** which will take place at the Hospital located at 15500 S. Wood Street in Harvey. The presentation, which will be done by the Oak Forest Health Center Medical staff, will focus on Specialty Care and food insecurity programs.
  
- May 16 CCHHS and CountyCare promotion at the **Employment Resource Fair**, hosted by the **Chicago City Police Department and the 6th District CAPS** which will take place at the police station located at 7808 S. Halsted in Chicago.
  
- May 16 CCHHS and CountyCare promotion at the **Marillac St. Vincent Family Services - Marillac Social Center Pantry and Resource Fair**, which will take place at the center located at 2859 W. Jackson Boulevard in Chicago.
  
- May 17 CCHHS and CountyCare promotion at **Friend Family Health Center's Community Baby Shower** at their Cottage Grove facility located at 800 E. 55th Street in Chicago.
  
- May 19 CCHHS and CountyCare promotion at **A Safe Haven's 5th Annual Veterans Stand Down** at the A Safe Haven Warehouse located at 2501 W. Taylor Street in Chicago. Over 200 Stand Downs take place across the country each year. A Stand Down is when hundreds of homeless and at-risk veterans are provided access to a wide range of services by representatives from academic, workforce development, social services and the health care industry.
  
- May 22 CCHHS and CountyCare promotion at the **South Suburban College and Thornton Township Job & Resource Fair** that is hosted by **South Suburban College, Thornton Township and Supervisor Frank Zuccarelli** at the South Suburban College Fitness Center located at 15800 S. State Street in South Holland.
  
- May 23 CCHHS and CountyCare promotion at the **Ventanilla de Salud ("Health Window Program")** sponsored by the **Consulate General of Mexico** at the Consulate located at 204 S. Ashland Avenue in Chicago. Ventanilla de Salud is a program that bridges the gap between institutions and non-profit agencies and individuals regardless of their immigration status, providing access to public services such as preventive health, health education and guidance on the health system in the United States.
  
- May 30 CCHHS and CountyCare promotion at the **National Senior Health & Fitness Day**, which is hosted by the **Homewood Flossmoor Racquet & Fitness Club** at the club located at 2920 W. 183rd Street in Homewood. The 24<sup>th</sup> Annual Wellness Event will have a variety of health related presentations that will focus on mental health and exercise, cancer support and how to reduce the risk of Alzheimer's.

The Fresh Food Truck visits for the month of May include the following ACHN Health Centers.

- May 3 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- May 8 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51<sup>st</sup> Street, Chicago, IL 60615
- May 15 – **Woodlawn Health Center** - 6337 S. Woodlawn Avenue, Chicago, IL 60634
- May 18 – **CORE Center** - 2020 W. Harrison Street, Chicago, IL 60612
- May 22 – **Logan Square Health Center** - 2840 W. Fullerton Avenue, Chicago, IL 60647
- May 24 – **Oak Forest Health Center** - 15900 S. Cicero Avenue, Oak Forest, IL 60452

April 2018

Cook County Health & Hospitals System



# SYSTEM NEWS

## Community Edition

It has been one month since thousands of Americans participated in the "March for Our Lives" rallies across the country calling for federal gun reform in the wake of the school shooting in Parkland, Florida. A group from Cook County participated in the march in Washington D.C. on March 24, 2018, including: Cook County Board President Toni Preckwinkle, Cook County Health & Hospitals System (CCHHS) CEO Dr. Jay Shannon, trauma surgeon Dr. Faran Bokhari, trauma social workers Rev. Carol Reese and Andy Wheeler, and two activists, Deshon Hannah and Dantrell Blake, who were injured by gun violence in their teens.

"March for Our Lives" seemed to be a turning point in our conversations about sensible gun laws and we must not let this critically important issue slip from our national dialogue.

Since the march, 174 people in Chicago have been shot. In the past month, there have been shootings at ten other school campuses across the country, and seven planned attacks that were thwarted by police. We need gun control now.

Each year, CCHHS cares for more than 1,000 patients who have been injured by gun violence. The impact of gun violence on CCHHS' patients, community and staff is all too real. As a provider of care and steward of public health, CCHHS must advocate for policies that uphold the health and safety of the residents of Cook County.

CCHHS is calling for common sense gun regulations to make our communities safer. We consider gun violence a public health threat and it requires multi-faceted interventions. [Click here](#) to read more about CCHHS' perspective on gun violence and regulations to stem gun-related injury and death.

Our health system is proud to have joined the "March for Our Lives" in Washington D.C. and we will continue to advocate for sensible regulations and safety measures to reduce the devastation firearms wreak on our country.

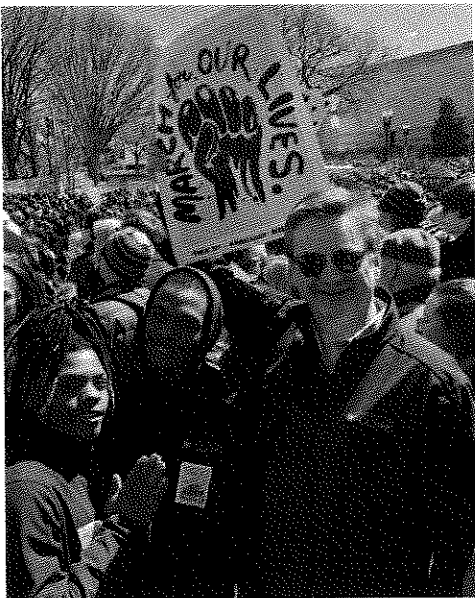
# CCHHS Attends "March For Our Lives" Rally in Washington, D.C.



Cook County marchers, led by Cook County Board President Toni Preckwinkle, meets with Rep. Robin Kelly (IL-2) in to discuss gun regulations.



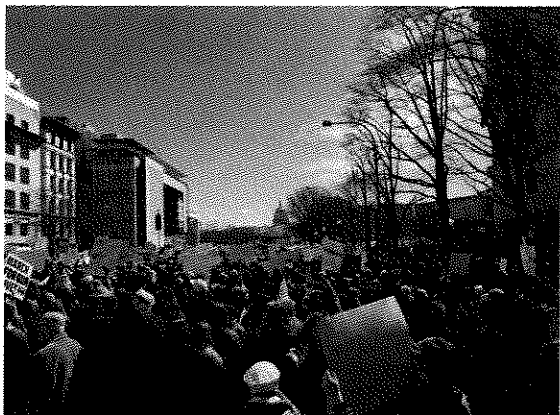
Cook County is ready to march!



Dantrell Blake, Deshon Hannah and Dr. Shannon at the march



Dr. Jay Shannon and Dantrell Blake speak live to WVON-AM about gun violence from Washington D.C.



Event organizers estimate nearly 800,000 people gathered for "March for Our Lives" in Washington D.C.



Dr. Jay Shannon and Dr. Faran Bokhari discussed interventions for gun violence with their peers at The George Washington University Hospital (Level I trauma center in D.C.), CEO Kim Russo and head of trauma Dr. Babak Sarahi.

## CCHHS In The News

### Modern Healthcare

Chicago county health system calls for federal gun control

### AXIOS

Students prep for protests: "We have nothing to lose"

# The New York Times

Beyond Gun Control, Student Marchers Aim to Upend Elections

# Chicago Tribune

Shot on the streets of Chicago as teens, they're heading to D.C. to protest gun violence



**ABC 7 CHICAGO**

March for Our Lives: Chicago students in city and D.C. prepare for March for Our Lives 2018 rally

**Visit our website at [cookcountyhhs.org](http://cookcountyhhs.org).**

If you would like to invite a representative from CCHHS to attend a community event, please send an email to [events@cookcountyhhs.org](mailto:events@cookcountyhhs.org).

To provide feedback on CCHHS Community News, update your contact information, or unsubscribe, please email Marcelino Garcia, Director of Community Affairs, at [mgarcia6@cookcountyhhs.org](mailto:mgarcia6@cookcountyhhs.org).



# SYSTEM BRIEFS



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

- Take this week's **Joint Commission Quiz**. Employees are encouraged to test co-workers and start important conversations. Answers are below:
  1. Red biohazard bags should be used for **A.** only designated medical waste per CCHHS policy; **B.** any garbage; **C.** medical waste and cardboard boxes.
  2. Glucose controls expire in 90 days and require **A.** a label with an open date; **B.** a label with an expiration date; **C.** a label with the patient's birthday; **D.** A and B.
  3. How do you keep patient information confidential and secure? **A.** avoid casual conversations about patients in elevators, hallways or other common areas like the cafeteria **B.** Log off of the computer when you walk away, even if just for a minute **C.** Assure proper disposal of paper Protected Health Information (PHI) by shredding or placing in shredding containers. Staff are allowed to remove and properly dispose of **ANY** unattended PHI **D.** ask for identification if you see someone you do not know looking at medical records. **E.** all of the above
- Do you know a CCHHS RN who demonstrates exemplary patient care? The 7<sup>th</sup> Annual **Professional Registered Nurse Clinical Excellence Award** nomination process is now open. The award is designed to recognize nurses who embody outstanding clinical care based on six criteria: Advocacy; Relationships & Caring; Clinical Expertise; Teamwork & Collaboration; Innovative; and Visionary (helps to move the System forward). More details and about the program and the nomination form can be found on the [intranet](#). Nominations are due May 4<sup>th</sup>.
- **Kick off the gardening season with CCDPH!** The Cook County Department of Public Health invites all CCHHS employees to attend an educational program to hone your gardening skills. The event will be held this Saturday, April 12 from 9:00AM – 12:00PM and will include a continental breakfast followed by an informational session about the CCDPH gardening program and an opportunity for all attendees to get their hands dirty with a few garden projects. The event will take place at the Oak Forest Health Center, 15900 S. Cicero Avenue, Oak Forest, Building H.
- **National Healthcare Decisions Day (NHDD)**, which highlights the importance of advance healthcare decision making, will be observed at Stroger Hospital on Wednesday, April 18. As an NHDD participating organization, Stroger is providing free information and tools for the public to talk about their wishes with family, friends, and healthcare providers, and execute written advance directives (Healthcare Power of Attorney and Living Will) in accordance with Illinois state laws. Look in the cafeteria for free information and advance directive forms.
- Don't forget to attend **Active Shooter** and **How to Interact with Law Enforcement** trainings. Both mandatory trainings continue in April. Please see the intranet for more information.

Joint Commission Quiz Answers: 1. A; 2. D; 3. E.

## About System Briefs

System Briefs is a publication intended to update all CCHHS staff on important initiatives, programs and services. Managers are encouraged to share this information with their teams as well as to post it in employee areas to ensure that all employees receive the information.





# SYSTEM BRIEFS



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

## Safety Now.

- Over the past several years, CCHHS has invested significant time and resources in building a high reliability organization. We have conducted a culture of safety survey, expanded our focus on quality and safety, engaged HPI to assess areas for improvement and develop a training program for all staff, created the Good Catch Award and more. As we continue on our journey to high reliability, we are pleased to brand these efforts as **Safety NOW**. Look for the **Safety NOW** logo on training materials, in newsletters and more as

an important reminder that our first goal is always the safety of our patients. **Safety NOW** will also demonstrate to CCHHS patients our commitment to their safety while they are in our care.

- The **7<sup>th</sup> Annual Professional Registered Nurse Clinical Excellence Award** nomination process closes on May 4<sup>th</sup>. More details and about the program and the nomination form can be found on the [intranet](#).
- The **IRB Workshop** originally planned by the CCHHS Department of Research & Regulatory Affairs for April 25 will NOT take place. The next workshop will take place May 23 – 12:00 noon – Stroger Room 5300. Topic: "Is it QA/QI or is it Research?"
- Save the Date! The **Cook County Health Foundation** is a 501(c)(3) organization established to raise funds for the Cook County Health & Hospitals System to support our programs and services. This year's Gala will be held on Wednesday, June 27, 2018 and will benefit **CCHHS maternal and child health services**. All CCHHS employees are welcome to attend however should feel no obligation to do so. More information can be found [here](#).
- This is **Medical Lab Professionals Week 2018** which affords us the opportunity to recognize lab professionals and pathologists who play an integral role in the healthcare provided at CCHHS. The labs at CCHHS offer more than 1,200 different analyses and conduct millions of tests annually to lead to diagnoses for patients across specialties and departments. Because the lab professionals work largely behind-the-scenes, their contributions may go unnoticed, so make sure to show your appreciation and support of our labs this week!
- On Tuesday, May 15, 2018, CCHHS will participate in the annual **Citywide Disaster Drill** from 2:00pm – 8:00pm. The 2018 drill will test our emergency preparedness across the system hospitals and clinics. The Hospital Incident Command System will be activated for the duration of the drill.
- The Cook County Hospital Police Department has established a new extension for **internal police emergencies** on the central campus. The new number - **312-864-4911** - will be activated on **May 1st**. The 312-864-8097 extension should be used for general inquiries. Emergency procedures are not changing at other locations.
- Repair work will begin on Wednesday, April 26<sup>th</sup>, on the **exterior masonry** of the Administration Building. There should be no impact to operations. The expected completion date is Monday, April 30<sup>th</sup>.

### About System Briefs

*System Briefs is a publication intended to update all CCHHS staff on important initiatives, programs and services. Managers are encouraged to share this information with their teams as well as to post it in employee areas to ensure that all employees receive the information.*

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
April 27, 2018

ATTACHMENT #8



# **Cook County Health & Hospitals System**

## **Board of Directors Spring 2018 Behavioral Health Programming Updates**

**Doug Elwell  
Deputy CEO for Finance & Strategy**

April 27, 2018



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM**

**CC+HHS**

Page 99 of 135

# CCHHS 2015 Behavioral Health Strategic Plan

- Recommendations presented to the Board for Behavioral Health (BH) Strategic Direction
- Two primary focus areas
  - Integration of Primary Care and Behavioral Health
  - Expanding Specialty Behavioral Health Services
- Board approved this strategic initiative understanding this required a multi-year commitment including dedicated staff and facility resources
  - CCHHS to leverage existing resources and partnerships to support success
- Goals included improved outcomes for patients and reduced costs to both CCHHS and the Cook County Jail

# CCHHS Vision: A Comprehensive Behavioral Health Network

Develop a continuum of care across the current health systems and other partners that expands access and fills current gaps

Build shared operations and infrastructure that will enable the BH Network to effectively manage services that will improve population health, and health outcomes

Support the ability of partners to improve quality of services offered and strengthen the system of care, reducing use of inpatient, emergency department, and correctional beds

# CCHHS Behavioral Health Initiatives

## ACHN

- Adopted Collaborative Care Model
- Medication Assisted Treatment (MAT)
- Recovery coaches

## CARE MANAGEMENT

- Expanded CM teams to include BH expertise
- Behavioral Health Access Line (BHAL)
- Management of BH services for BCBS

## GRANT DEVELOPMENT OFFICE

- Awarded 6 competitive BH Grants
- \$10.7M in Grant Funding for BH projects across 2016-2020
- 8 grant applications pending worth \$13.4M

## DEPARTMENT OF PSYCHIATRY

- Transitioned specialty BH services from Fantus location to Provident and Austin
- Added LCSW component to Stroger ED psychiatric consultation
- Telepsychiatry consult support to ACHN and MHN

## COUNTYCARE

- Supported creation of Behavioral Health Consortium (BHC)
- Hired BH Director
- Initiative to improve BH care transitions

# Primary Care-Behavioral Health Integration

- 2015 Integration Goals

- Expanded and improved implementation of integration of behavioral health into CCHHS medical homes.
- Engage individuals with behavioral health conditions earlier in the treatment process in order to reduce the need for more intensive services.
- Develop and implement a well defined model and commit additional investments in additional staff, formalized training, and other supports for improved implementation of the model.

# PC-BH Integration Implementation Status and Successes

**CONSIDERABLE  
PROGRESS  
TOWARDS AN  
EVIDENCE BASED  
APPROACH**

Use of Licensed  
Clinical Social  
Workers  
(LCSW)

Training of  
LCSWs in the  
Model

Warm  
Handoffs

Creating Cerner  
Templates for  
LCSWs

Increasing  
Brief  
Interventions

Psychiatry  
Consults

Building  
Team Based  
Approach

Embedded  
Screening  
Tools in Cerner



# Primary Care-Behavioral Health Integration

## • Integration Achievements

- In 2015, CCHHS recognized the need for integrated behavioral health in the ACHN clinics and launched implementation of the Collaborative Care (CoCM) Model in all 15 clinics.
  - Physician and Administrative leadership working to implement and support the ACHN behavioral health integration
  - Primary Care Physicians building collaborative care teams at ACHN sites
    - Incorporating warm hand-offs to social worker when patient has potential BH need
    - Including behavioral health staff within PC team huddles
  - 15 licensed clinical social workers were hired to provide assessment, brief intervention, and support of physical health self-management.
  - Each medical home then has two social work positions—one designed to support social determinants of health (SDOH)/resource allocation and the other focused on BH identification, assessment, and brief intervention.
  - The model also incorporates psychiatric consultation telephonic support to the Primary care providers by the CCHHS Department of Psychiatry.

# Primary Care-Behavioral Health Integration

- CCHHS has built validated mental health and substance use screening into the EMR including:
  - *Patient Health Questionnaires* PHQ-2 and PHQ-9,
  - *Generalized Anxiety Disorder* screening (GAD-7),
  - *Alcohol Use Disorders Identification Test* (Audit C), and
  - *Drug Abuse Screening Test* (DAST).
- 53,213 patients received either a PHQ2 or PHQ9 screening in Calendar year 2017.
- ACHN engages a stepped model with referral to CCHHS Department of Psychiatry for more significant BH needs and referral to the Behavioral Health Consortium (BHC).
- for community treatment and for individuals with serious mental illness or significant substance use.

# Primary Care-Behavioral Health Integration

## • Integration Achievements

- Patients who are stabilized in specialty BH settings can be returned to the ACHN clinics for monitoring and ongoing recovery
  - Creating improved access to specialty care for those with more significant needs
- Medication Assisted Treatment Services (MAT)
  - In addition to integration within the ACHN clinics, CCHHS has been increasing access to MAT for patients served throughout the system of care.
  - 10 ACHN clinic sites offer some MAT in addition to the Central Campus MAT clinic at CORE
  - Goal to have MAT available in all 14 adult serving ACHN sites by the end of 2018
  - MAT Steering Committee—interdisciplinary group to support and institutionalize substance use disorder (SUD) treatment within primary care
- Multiple initiatives in Stroger emergency department including the addition of CCHHS social workers and peer recovery coaches

# MAT Expansion

- Waiver Process and Required Training
  - In order to prescribe or dispense buprenorphine, physicians must [qualify for a physician waiver](#), which includes completing eight hours of required training, and [applying for a physician waiver](#).
  - Physicians can complete the [Online Request for Patient Limit Increase](#).
    - Allows these physicians to see and prescribe for a larger number of patients
- These waiver applications are forwarded to the DEA, which assigns the physician a special identification number.
- SAMHSA reviews waiver applications within 45 days of receipt.
- Prescriber (MD) and recovery coaching supports are being created in tandem
  - plans for 3 provider/recovery coach teams to begin offering MAT in the next 3 months

# CCHHS Buprenorphine Prescriber Capacity

- Within ACHN and the Department of Psychiatry
  - 18 Prescribers have their waiver
  - 11 Prescribers are actively using it in ACHN
  - Approximately 50 providers have their waiver pending
    - have finished the training and waiting to apply for or receive waiver confirmation; or
    - have completed some of the training with plans to complete it

Dr. John Smith, M.D.  
P.O. Box 350 • Smith Road  
Anywhere, USA 12345  
Telephone: (123) 555-7890

Patient Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

**R**

☐ Label  
Prescriber Signature \_\_\_\_\_ M.D.

THIS DOCUMENT CONTAINS A MICROPRINT BORDER, REVERSE RX, CHEMICAL REACTIVE PAPER,  
A VOID PANTOGRAPH - WHEN PHOTOCOPIED THE WORD "VOID" APPEARS, FLUORESCENT FIBERS - VISIBLE ONLY UNDER UV LIGHT

# Initial Outcome Data: Reduction in Emergency Department Utilization

Emergency Department Utilization Number of Visits Per Year	Number of Patients with Emergency Department Visits Aug 2015 to July 2016	Number (and Percent) of Patients with Reduced Emergency Department Visits in Subsequent Year
6-10	758	618 (81.5%)
11-20	117	95 (81.2%)
Greater than 20	18	12 (66%)

# Expanding Specialty Behavioral Health Services

- Multiple initiatives supporting expanded specialty behavioral health services
  - Department of Psychiatry clinic and service expansion
  - Creation of preferred specialty BH provider Network-Behavioral Health Consortium, Inc. (BHC)
  - Behavioral Health Access Line
  - Community Triage Centers at Roseland and the Westside
  - Mental Health Clinic partnerships with City of Chicago
  - Cook County Assisted Outpatient Treatment (AOT) Program
  - Justice and Mental Health Collaborative Project
  - CCHHS Opioid State Targeted Response (STR) Grant Projects (6)

# Department of Psychiatry

- Relocated services from former Fantus Clinic to 2 new locations
  - Specialty clinic sites at Provident and Austin
    - Added additional licensed clinical social workers to provide therapy services
- Expanded long acting injectable clinic from a half day a week to four full days per week
  - Targeted expansion of access to psychotropic medication for individuals with Schizophrenia and at risk for frequent emergency room and inpatient utilization
  - Available at both Provident and Austin locations
- Providing access and monitoring of Clozapine within injectable clinic for individuals with Schizophrenia and Schizoaffective disorder
  - Evidenced-based medication approach for individuals who have been treatment resistant to other psychotropic medications



# Network – Behavioral Health Consortium, Inc. (BHC)

- Consists of 12 Member Community Behavioral Health Organizations
  - Bobby E. Wright Comprehensive Behavioral Health Center
  - Community Counseling Centers of Chicago
  - Family Guidance Centers, Inc.
  - Habilitative Systems, Inc.
  - Haymarket Center
  - Heartland Health Outreach
  - Human Resources Development Institute, Inc.
  - Lutheran Social Services of Illinois
  - Metropolitan Family Services
  - Pillars
  - Sinai Health System
  - The South Suburban Council on Alcoholism and Substance Abuse

# Network – Behavioral Health Consortium, Inc. (BHC)

- Includes providers of mental health and substance use disorder services for both adult and youth populations
  - Full continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County.
- Provides preferred access to CCHHS, CountyCare, and CountyCare care management delegates for routine, urgent, and emergent referrals for services
- Serves as a preferred partner for multiple competitive grant proposals and awarded projects

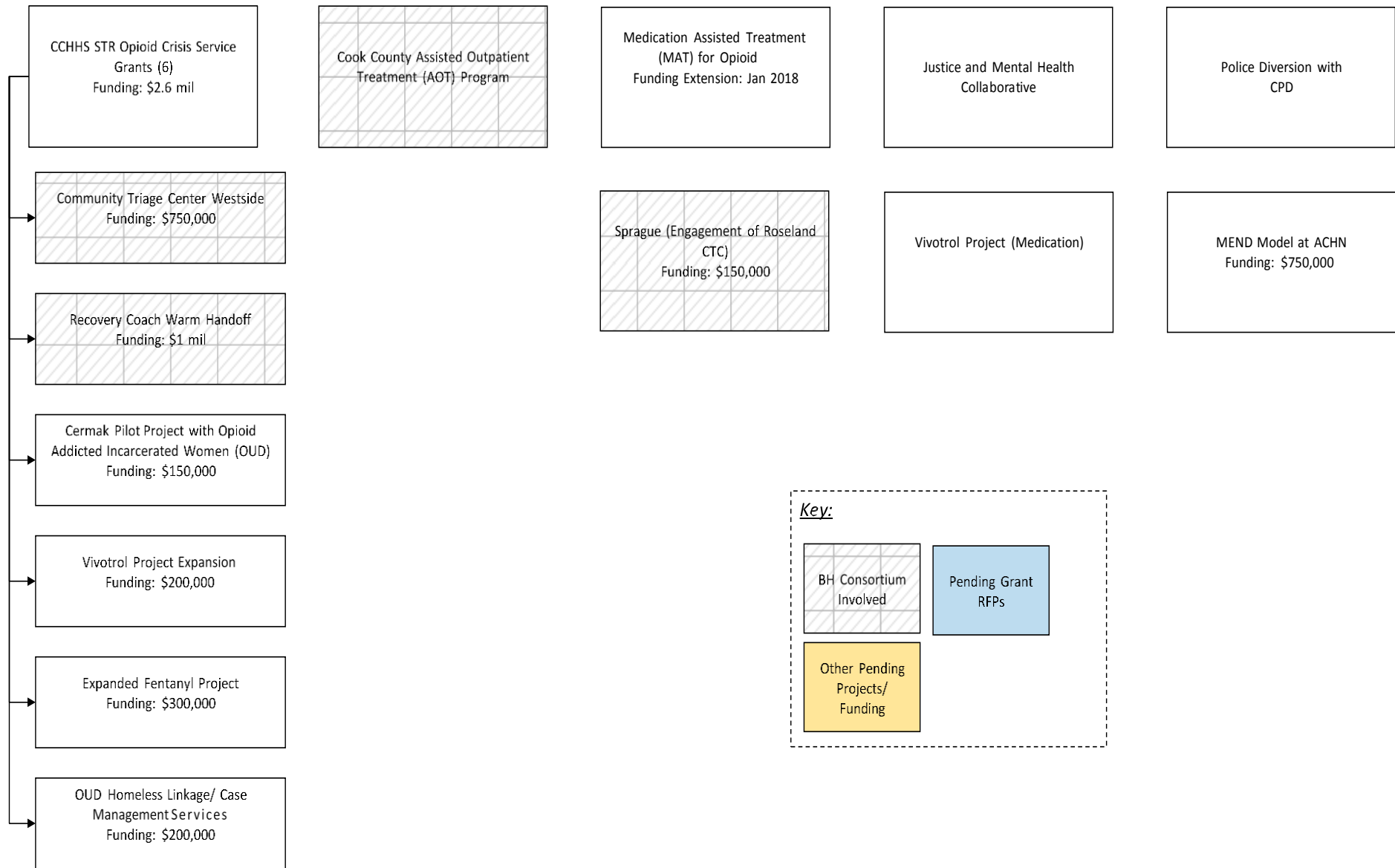
# Behavioral Health Access Line (BHAL)

- CCHHS' Behavioral Health Access Line (BHAL) provides information and linkage to BH services for residents of Cook County, including direct scheduling with provider members of the Behavioral Health Consortium
  - Internal resource for ACHN, care managers, the Stroger ED and inpatient units for linking patients to BH specialty services
- Operates Monday–Friday from 8:00 AM-5:00 PM
- Staffed by behavioral health professionals. The line will also serve as a crisis line, dispatching mobile crisis teams from the participating providers when necessary.
- Referred 489 individuals to specialty BH providers between 1/26/2018 and 4/13/2018

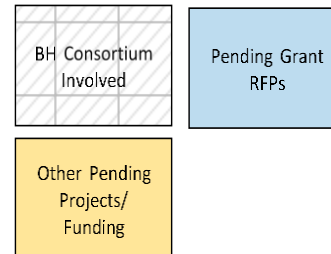
# Mental Health Clinics: Partnership with City of Chicago

- Roseland Mental Health Clinic
  - CCHHS assumed responsibility for mental health clinic in 2017
  - Partnering with Human Resources Development Institute, Inc. (HRDI) to expand service array
- Working towards providing access to services at other City Clinic sites including
  - Psychiatry (prescribers) for remaining mental health clinics
  - Laboratory services
  - Pharmacy

## CCHHS BH Grant Projects – 2018



### Key:



# CCHHS Grant Funding Overview

Grant	2016-2017 Grant Year	2017-2018 Grant Year	2018-2019 Grant Year	2019-2020	Total 2016-2020	Note:
SAMHSA Cook County Assisted Outpatient Treatment (AOT) Program Grant. (SAMHSA)	\$ 1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$4,000,000	
State Targeted Response (STR) Opioid Grant (IL DASA)		\$2,250,000	\$2,500,000		\$4,750,000	
Cook County Justice and Mental Health Collaboration (JHMC) Grant (DOJ)	\$243,012				\$243,012	2 year grant (10/01/16-09/30/18)
Vivitrol Grant (IL DASA)	\$300,000	\$300,000			\$600,000	Award Notice Pending 2019
MacArthur Safety & Justice Initiative (MacArthur Foundation)		\$100,000	\$389,459		\$489,459	
CCHF PHIMC MAT Grant (Cook County Health Foundation)	\$119,549	\$189,571			\$309,120	
Rental Housing Support Program Special Demonstration Program Local Administering Agencies			\$391,380	\$391,380	\$391,380	Administered by Housing Forward
<b>Total</b>	<b>\$1,662,561</b>	<b>\$4,230,951</b>	<b>\$4,280,918</b>	<b>\$1,391,380</b>	<b>\$10,782,971</b>	

# 8 CCHHS Pending Grants

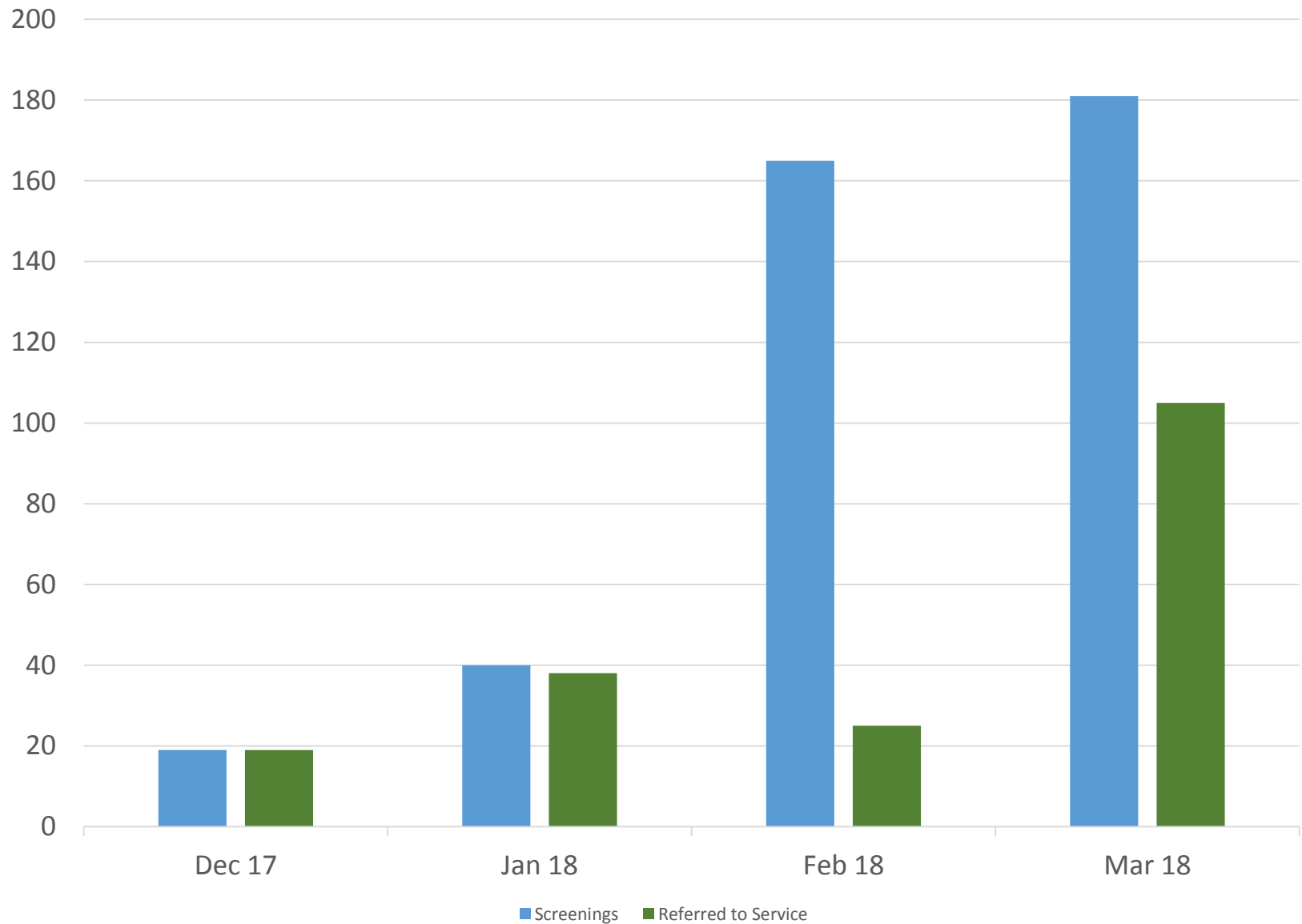
Grant Name	Funder	Amount	Term of Grant	Submission Date	
Offender Reentry Program	Department of Health and Human Services, SAMHSA	\$2,125,000	5 years	January 26, 2018	Pending
Screening, Brief Intervention and Referral to Treatment	SAMHSA	\$4,781,191	5 years	February 16, 2018	Pending
Law Enforcement and Behavioral Health Partnerships for Early Diversion Grant	SAMHSA	\$1,320,000	5 years	March 5, 2018	Pending
Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness	SAMHSA	\$2,500,000	5 years	March 7, 2018	Pending
Research Grants for the Primary or Secondary Prevention of Opioid Overdose (Pending Submission)	Department of Health and Human Services, CDC	Minimum: \$350,000; Maximum: \$750,000 per year	Up to 3 years, 9/2018—9/2021	TBD	Pending

# Community Triage Centers (CTCs)

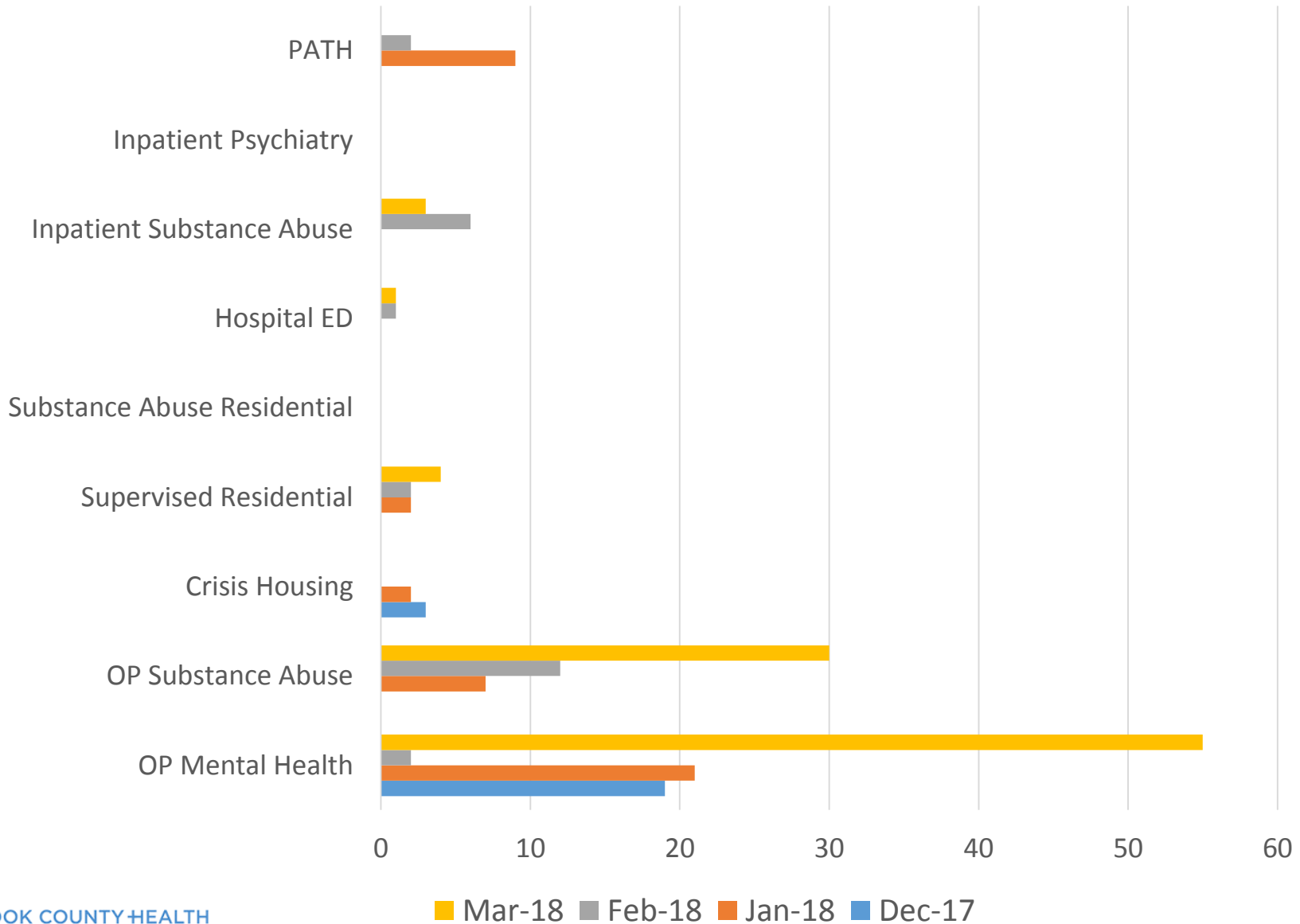
- Roseland CTC
  - Walk-in crisis center
  - Provide access to crisis resolution in a less intensive setting
    - Including short term follow-up to those recently released from inpatient care; or
    - Individuals requiring additional support following a crisis to maintain stabilization and avoid inpatient admission
  - Can also serve as an early intervention to prevent arrest through collaboration with CPD
  - Offers a 24 hour/day, 7day/week alternative to emergency rooms
- Westside CTC
  - Leverages the Roseland CTC's framework, with added elements that address opioid use disorder, including substance use disorder screening and training, distribution of naloxone kits, linkage case management, and recovery support services
  - Includes a mobile crisis component
    - Have administered naloxone to multiple individuals in the community following overdose



# WESTSIDE CTC SCREENINGS AND REFERRALS



# Westside CTC Service Referrals



# Cook County Assisted Outpatient Treatment (AOT) Program

- Awarded \$4M competitive grant from SAMHSA
- Overarching goal is to facilitate successful re-entry, stabilization and recovery for:
  - individuals that are 18 years of age or older;
  - being discharged from a state psychiatric facility
  - have a serious mental illness; refuse voluntary community treatment services;
  - have or will experience some harm from the lack of treatment; and are able to survive safely in the community when compliant with prescribed treatment.
- Goal is to serve 127 individuals this fiscal year
- Individuals are referred to specialty community behavioral health providers for intensive services and monitoring
  - Department of Psychiatry is providing access to injectable medications

# Justice and Mental Health Collaborative Project

- Awarded a \$489,459 competitive grant from the Department of Justice.
- The goal of the proposed Justice Mental Health Collaboration Program is to foster systemic communication and collaboration among criminal justice and healthcare agencies in Cook County to identify and divert persons with mental illness at their earliest possible point of contact with the criminal justice system.
  - Inventoried and collected data on existing mental health initiatives currently in place within Cook County agencies, including the health system and criminal justice system.
  - Engaged in a planning process to determine strategies to reduce the flow of individuals with mental health and co-occurring substance abuse disorders, into the criminal justice system and identify linkages to treatment.
  - Piloted the implementation of a standard screening tool for mental health and co-occurring substance use disorders at bond court and another intercept point (to be established during the planning process).

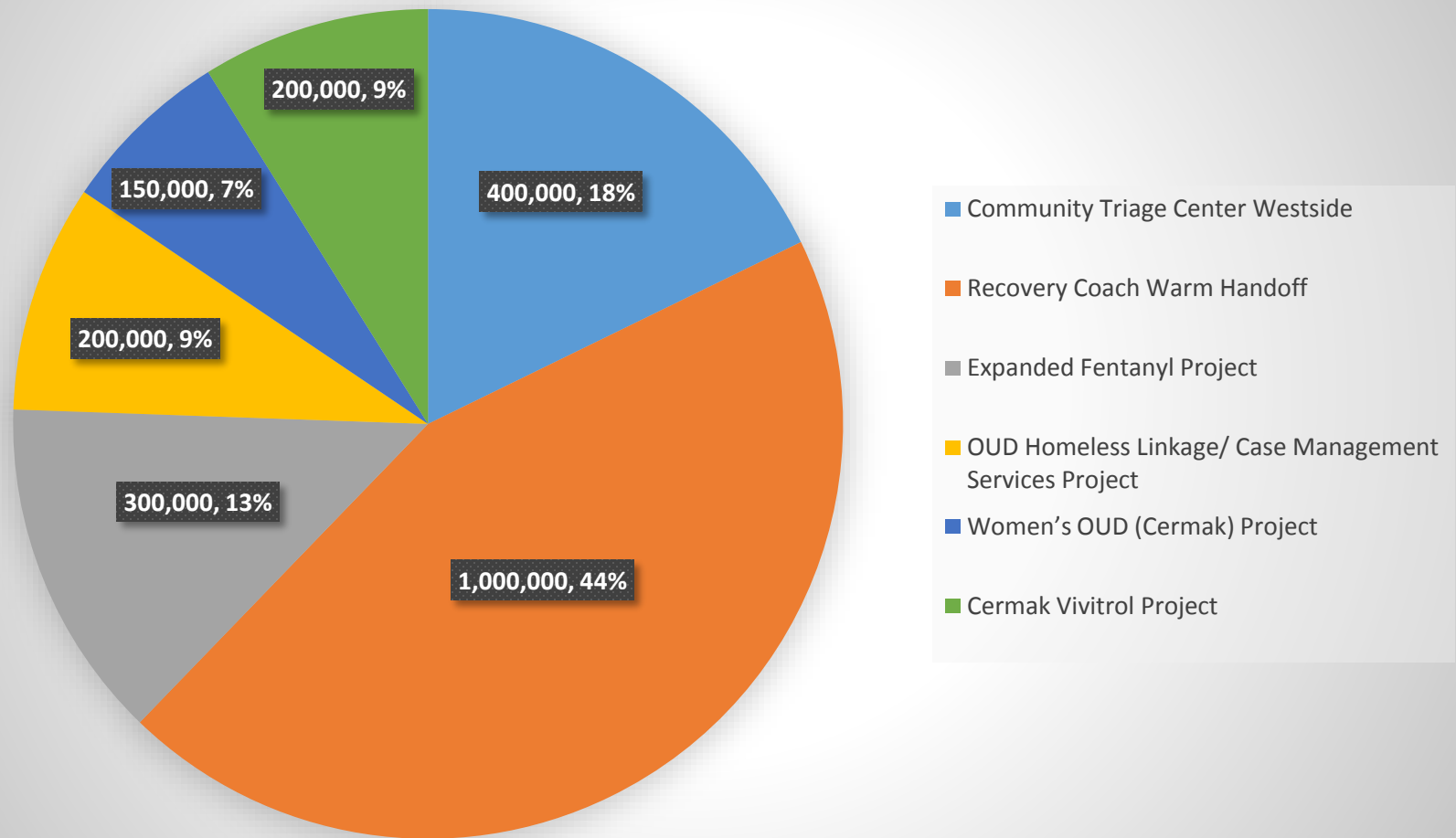
# Medication Assisted Treatment (MAT) for Opioid Addiction Project

- Awarded \$309,120 in grant funding from the Public Health Institute of Metropolitan Chicago
- CCHHS Proposed Scope of Work: Bring MAT services to individuals with opioid use disorder (OUD) who are incarcerated at the Cook County Jail or who are presenting before the Central Bond Court.
  - Pilot induction and maintenance of MAT with buprenorphine/naloxone and methadone in the Cook County Jail System.
  - Include post-incarceration behavioral support and care coordination for individuals as they transition out of the jail.
  - Builds on existing small pilot to provide naltrexone prior to discharge
  - Pilot will include within jail services as well as individuals in the community identified through Central Bond Courts or within Cook County Jail.
- Goals:
  - Increase opportunities for justice-involved individuals to achieve and sustain recovery from OUD with MAT
  - Decrease the risk of opioid overdose upon discharge from jail

# CCHHS Opioid State Targeted Response (STR) Grant Projects

- Illinois received \$16.3 million in 21st Century Cures Act grant funding from the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA).
- CCHHS was awarded **\$4,750,000** under this State Targeted Response to the Opioid Crisis Grant (Opioid STR) program.
- The program goals are to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).
- CCHHS leveraged funds to initiate six different programs across the health system and Cermak.

## Distribution of \$2.25M Opioid STR Funds by Program



# CCHHS STR Opioid Crisis Services: Warm Handoff Project

- By April 6, will have expanded MAT into 11 clinics.
- Contracted with Haymarket to add 4 Recovery Coaches to ED.
- Conducted training for staff to utilize data tools.
- Monthly ACHN leadership Meeting (Family Medicine, operational leads).
- Have fully embedded 2 of 4 Recovery Coaches into the ACHN settings.
- MAT 101 Education is now conducted once per month to train nurses on methadone, naltrexone, and buprenorphine/naloxone.
  - Reaches 5-6 trainees a week and focusing on BH staff
  - Conducting boarder trainings for nursing staff



# CCHHS STR Opioid Crisis Services: Women's OUD (Cermak Health Services) Project

- \$150,000 in funding to support hiring four case management staff
- Supports specialized pre-release identification and education services for women with opioid use disorder (OUD) at the Cermak Health Clinic
  - Includes post-release linkage case management following release from Cook County Jail
  - Goal is to serve 50 women
- Currently recruiting staff for project

# CCHHS STR Cermak Vivitrol Project

- Cermak awarded initial grant to provide Vivitrol in December 2016
  - Grant provided 200 doses of Vivitrol
- Additional \$200,000 under STR Grant to
  - hire one health educator and .5 nursing FTE to provide education, screening, and assessments;
  - provide linkage to community based services for 50 individuals upon release; and
  - provide Vivitrol injection prior to release.
- Introducing Recovery Coaches and staff at the jail to facilitate referrals
- Funding for this project has also has provided Naloxone distribution kits to CCHHS pharmacies

# CCHHS STR Opioid Crisis Services – OUD Homeless Linkage/ Case Management Services Project

- In process of hiring one Housing Coordinator and one Housing educator
- Also funds development of a network of Recovery Homes that accept patients on MAT
- Goal to provide housing services to 100 homeless patients with OUD
- Provides technical assistance and support to Recovery Homes who want to provide MAT services
- Developing EMR tools that capture housing instability

# CCHHS STR Opioid Crisis Services – Expanded Fentanyl Project

- Expands toxicology screening for fentanyl and the other synthetic opioids for individuals presenting with opioid use within CCHHS
- Sites for testing will include: Stroger Hospital Emergency Department and Trauma Unit, MAT (Medication Assisted Treatment Clinic), Pain Clinic of Stroger Hospital, Ruth Rothstein Core Center, Cermak Health Services
- Project Coordinator hired and on boarded
- Screening tool to go live May 7th

# CountyCare Behavioral Health Initiatives

- Behavioral Health-Primary Care Learning Collaborative
  - designed for CountyCare's six BH Consortium providers, 21 medical home organizations, and three Care Management Entities (to be four in 2018)
  - provides opportunity to enhance the BH capacity across providers and to strengthen care coordination and referral services for BH within Cook County.
- Year one sessions included:
  - Integration self-assessment
  - Crisis
  - Engagement
  - Serious Mental Illness (SMI)
  - Psych medication management
- Year 2 is funded by Lloyd A. Fry and Grant Healthcare Foundations
  - Focusing on transitions between settings including BHC and Medical Homes

# CountyCare Behavioral Health Initiatives

- Enhanced Approach to Detox: strengthened utilization management while increasing alternatives to inpatient
  - Hospital detox benefit adjusted to once per 60 days
  - New resource available through Haymarket
    - 24 hour hotline for immediate entry into treatment with pick up by Haymarket van
    - Outreach is being made to emergency departments
  - Second month after implementation, requests dropped by 46%
- BH Hospital Transition Program
  - BHC to provide:
    - visits to psych hospitals and potentially detox units to meet members before discharge
    - Discharge planning support
    - Transition to community support
    - Monitoring achievement of follow-up visits and engagement in outpatient care
  - Currently in planning phase with multi-stakeholder group

# Next Steps

- Expanding Senior Leadership to include a Behavioral Health Leader
  - Will ensure continued implementation and integration of behavioral health initiatives across system
- Monitoring our Progress
  - performance indicators have been developed for BH programs and initiatives, expanding on those shared today
  - Initial cycles of reporting in near future
- Continued Focus on Community Partnerships
  - Commitment to continue to identify external resources to support expansion of behavioral health
  - Will continue to identify additional initiatives and/or to expand current initiatives throughout our system